**Logo, company name

Description automatically generated PLAAY Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male/Female Age\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

Parent(s)/ Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any known allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please choose a group:**

(**Sessions Times: 3PM - 4:45PM @ Temple Builders 5310 Lenox Ave.)**

* Group 1 Blue: June 12th – July 31st – Mondays
* Group 2 Green: June 16th – August 4th – Fridays
* Group 3 Red: July 10th - August 28th – Mondays
* Group 4 Gold: July 7th - August 25th – Fridays
* Group 5 Black: Sept 11th - Oct 30th – Mondays
* Group 6 Yellow: September 8th - Oct 27th – Fridays
* Group 7 Grey: Nov 1st - Dec 20th – Wednesdays
* Group 8 Brown: November 3rd - Dec 29th – Fridays

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLAAY Media Release Form**

**Please read this slip carefully, fill out completely, sign and return by \_\_\_\_\_\_\_\_\_\_\_.**

**Your child / children MUST have a signed slip to participate. Thank you.**

**CHILD NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as parent / guardian of the above-named child, give him / her permission to participate in the activity PLAAY.** **I release TPHCDEC, Temple Builders, CARES, and any affiliate along with its representatives from any liability in the event of an accident during activity. I also authorize them to obtain any emergency medical attention that may be required during my child’s attendance. I further release and or give permission for pictures to be taken and placed on various social media platforms, and promotional materials.**

**Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alternate Name/ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special Medical Needs**

**Are there any specific or special medical needs that we should be aware of for your child?**

**Please list them below along with any information that could be helpful.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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