



Registration Package and Checklist

You must provide **ALL** of the following
before your child will be registered for Club 180°

- ☐ Signed and completed Health History
- ☐ Signed Waiver form
- ☐ Signed Payment Agreement
- ☐ \$25 Registration Fee

*** (Registration fees are non-refundable)**

Mail Registration Package to:
Family Sports & Fitness
PO Box 307
Stanfield, NC 28163

Take Registration Package to :
Family Sports & Fitness
332 Hwy 200 N
Stanfield, NC 28163

Please make checks payable to Family Sports & Fitness.

Registration is on a first come first serve basis.
\$25 registration fee will be due with application.



REGISTRATION

Child's Name _____	Before & After School ☐
School _____	After School only ☐
Grade _____ Current Age _____	Before School only ☐
	Summer Camp ☐

CHILD INFORMATION :

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Street Address (if different) _____

Email Address _____

Date of birth _____ Male/Female _____

RESPONSIBLE PARTIES:(Please check to indicate the parent to contact for payment or other questions.)

Child lives with: (circle one) Parents Mother Father Grandparents Other _____

Primary Responsible Party _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Employer _____

Secondary Responsible Party _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Employer _____



EMERGENCY NUMBERS: (Parents are called first unless specified.)

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Those allowed to pick up your child, if different from emergency contacts: (Name and Phone)

1) _____

2) _____

CHILD'S NAME _____

Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

Preferred Hospital _____

Emergency Transportation Authorization (parent signature) _____

INSURANCE INFORMATION:

Is child covered by insurance? Yes No

Carrier/Plan Name _____

Group # _____ Policy Holder # _____

Name of Insured _____

Relationship to Child _____

HEALTH HISTORY FORM

ALLERGIES: Please list ALL know medication, food and other allergies.

MEDICATIONS: Please list ALL medications being taken and ANY dietary restrictions.

Child WILL be taking medication to be administered at the following times:

HEALTH HISTORY:

Please list ANY additional information about the child's health history
of which we should be aware:(behavioral, physical, emotional, or mental health)

WAIVER

**This information given is complete and accurate. My child has permission to participate in all activities unless otherwise stated in writing.

**I understand that FS&F assumes no responsibility for injuries or illnesses my child may sustain as a result of his/her participation in Before/after school care.

**Prior to time of registration, I will discuss any special needs (behavioral problems or physical, emotional, psychological, or medication needs) with the director.

**My child has permission to ride buses without holding FS&F or its staff or Board liable if an accident occurs.

**I give permission to FS&F to use pictures or videos of my child as a program participant in promotional literature published and used by FS&F.

**In the event that I cannot be reached in an emergency, I give permission to the physician selected by the site director to secure and administer treatment, including hospitalization for my child.

**I have read and agree to all of the policies of Family Sports & Fitness.

Signature_____ Date_____

Club 180^o Payment Agreement

TUITION- You agree to pay weekly payments for your child on every Friday for the following week of camp. In addition to the weekly payments you agree to pay for any extra charges incurred by your child for field trips or activities.

LATE PAYMENT CHARGES- A late charge of \$5/day will be incurred for past due amounts. Weekly payments are due on Fridays and considered delinquent on Sundays after 5pm unless other arrangements have been made with camp personnel.

RETURNED CHECKS- A \$30 service charge will be assessed for a check returned for any reason. In addition, a late charge will be assessed unless payment is received to cover the funds within 3 business days of notification. If your check is returned three times within the summer camp you must make all payments by certified check, money order or cash.

CASH PAYMENTS- All cash payments must be in a sealed envelope with your child's name, the week payment is for, and the amount paid.

LATE PICK-UP CHARGE- If your child is picked up after your specified camp time you will be charged a fee of \$5.00 for every 15 minutes late unless other arrangements have been made with our camp personnel.

SUSPENSION/DISMISSAL- We reserve the right to suspend or dismiss a child in our sole discretion for unsatisfactory or inappropriate behavior, for violations of our policies, or if for any reason we determine it to be in the best interests of the facility. The suspension or dismissal may be with or without notice.

ILLNESS/EMERGENCY- We want to maintain a healthy and safe environment for your children. For that reason, please do not bring a child who is ill. Please make sure they are 24 hours fever free before returning. We will notify you if your child becomes ill, and we ask that you pick them up as soon as possible. You authorize us to obtain immediate medical care if a medical emergency occurs. Such care may be from a physician or hospital other than your child's physician, if, in our judgment, there is insufficient time first to contact your child's physician. You authorize us to make the decision of when an emergency exists.

AUTHORIZATION- We ask that if someone else is going to pick up your child, other than the person who normally picks them up, that you would send a note even if they are already on your authorization list. Club 180/Family Sports & Fitness will not be held responsible for allowing anyone authorized by you to pick up your child.

RESPONSIBILITY- You agree that you will be responsible for any loss, damage or destruction by your child of any property of the facility and for any damages for which the facility become liable or chargeable because of your child's actions.

I agree to the above terms and conditions, including the obligation to pay to the Facility all charges for tuition and fee, and in all events to be responsible for the financial obligations of my child.

Name of Camper _____ Date _____

Parent Signature _____ Date _____