



Registration Form

Select Your Program:

Postal Code:

Child's Name:

Emergency Contact:

Child's Gender:

Relationship To Child:

Child's Date of Birth:

Contact No.:

Known allergies, medical conditions:

Please indicate how you will be paying:

- Cash
- Cheque
- Online
- KidsPlay Dollars

Guardian's Name:

The undersigned hereby releases "KidsPlay Sports" and its associates and employees from any and all liability and hereby undertakes to indemnify and save it harmless from any claims or suits that may arise.

Guardian's Preferred Phone No.:

Guardian's Preferred Email Address:

Additional Notes or Comments:

Home Address:

From time to time we will post images to social media outlets from our classes:

City:

- Please indicate if you would prefer not to have pictures of your child posted to social media sites like Facebook