For Office Use Only
Session I _____
Session II _____
Session III _____
Session IV _____
Mini Session_____
Registration Fee _____

TOT GYM

Classes meet once a week for 50 minutes. Sessions I-IV are eight weeks long and the cost is $96. The mini session is 4 weeks long and the cost is $48. Each week will be a different activity, football, tee-ball, soccer, kickball, racing etc.
There will be a one time only non-refundable $25 registration fee for each child per Tot Plex year.
Due to staff scheduling, we have a NO REFUND, NO MAKE-UP policy, and switching of classes will not be allowed 1 week prior to the start of the session.

Please circle class choice and fill out form below. Appropriate for ages 3-6 years old.

Monday	**9:30-10:20 – 4-6 yr. olds**	**Thursday**	**10:30-11:20 – 3 yr. olds**
Tuesday	**9:30-10:20 – 3 yr. olds**	**Friday**	**12:00-12:50 – 3 yr. olds**
Wednesday	**12:00-12:50 – 3 yr. olds**	**Friday**	**12:30-1:20 – 4-6 yr. olds**

Players Name_____D.O.B.___/__/__ Age_____Sex_____

Parent or Guardian's Name_____Home Phone _____

Address_____City_____State_____Zip_____

E-Mail Address_____ Check here if you would like to receive updates and specials ☐

Payment Enclosed $_____ ☐Check ☐Cash ☐Cr. Card_____

There will be a returned check fee of $25.00.

Sibling Playspace Discount
Discounts are available for infants/toddlers who have a sibling enrolled in a class. Sibling discounts can be used only on the day that your other child is enrolled in their lesson. The cost for sessions I-IV is $50. The mini session price will be $25.

Siblings Name_____ D.O.B.__/__/__ Age_____Sex_____

Siblings Name_____D.O.B.__/__/__ Age_____Sex_____

I do hereby give permission for my child to participate in the Tot Plex programs at the Canton Sportsplex. I understand that he (she) is using The Tot Plex at The Canton Sportsplex at his or her own risk. I specifically agree to waive and release The Canton SportsPlex, The Tot Plex and its employees, agents and officers from any and all claims for loss of damage of property, liability, or personal injury that may arise from the use of The Tot Plex At The Canton Sportsplex. I have read, understand and agree to all of the foregoing.

Parent's Signature_____Date_____

I hereby give permission to release photos taken while participating in activities at The Tot Plex at The Canton Sportsplex. *Please Initial_____*

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