



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

TOT GYM

Classes meet once a week for 50 minutes. Sessions I-IV are nine weeks long and the cost is \$108. 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 10:30-11:20 – 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 9:30-10:20 – 4-6 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 \$ _____ <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Cr. Card _____ <p style="text-align: center; font-size: small;"><i>There will be a returned check fee of \$25.00.</i></p>
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Sibling Playspace Discount

Discounts are available for children 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 \$56.25.

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 _____