



**For Office Use Only**

Session I \_\_\_\_\_  
Session II \_\_\_\_\_  
Session III \_\_\_\_\_  
Session IV \_\_\_\_\_  
Registration Fee \_\_\_\_\_

**Tots 'N Crafts**

Classes meet once a week for 50 minutes. Sessions I-IV are eight weeks long and the cost is \$72. **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 2-4 years old.*

- Tuesday 10:30-11:20 2 years**
- Wednesday 1:00-1:50 3-4 years**
- Thursday 9:30-10:20 2 years**
- Friday 10:30-11:20 3-4 years**

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

Allergies \_\_\_\_\_

|  |
|--|
| Payment Enclosed \$ _____ <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Cr. Card _____<br><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 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 Class. The cost is \$50.

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 or 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 \_\_\_\_\_**