TECHPLAYZONE REGISTRATION FORM

Student Information

Student's Name: _____ DOB: _____

Street Address _____

City, State, Zip: _____

School: _____ Grade: _____ Age: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Street Address: _____

City, State, Zip: _____

Phone #: _____ Phone #2: _____

Email: _____

Alternate/Emergency Contact

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Activity for which you are registering

☐ Afterschool ☐ Camp ☐ Workshop

☐ Parents' Night Out ☐ Homeschool ☐ Birthday Party

Payment Options (Make Checks Payable to TechPlayzone)

☐ Check ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

CC# ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Security Code (CCV) ☐ Exp Date ☐☐☐☐

Total Paid $ _____ (new students add annual registration fee)

Signature _____ Date _____

For more information about TechPlayzone, you may tour our facility at 13208 Boyette Road, Riverview.

Call 813-453-8612 to set an appointment. Visit our website www.techplayzone.com.

Registration forms may be mailed to P.O. Box 1766, Valrico, FL, 33595

Medical Information

Family Doctor: _____ Phone: _____

Insurance: _____ Policy #: _____

☐ Hayfever ☐ Seizures ☐ Allergies _____

☐ Asthma ☐ Diabetes ☐ Other _____

List Medications Child Will Bring: (Must be in original labeled container)

Drug _____ Reason _____ Frequency _____

Drug _____ Reason _____ Frequency _____

List any known conditions not previously covered:

_____

_____

Medical Release

I hereby give my permission to TechPlayzone to secure emergency medical and surgical treatment and provide non-surgical medical care for my minor child until I can be contacted. This permission includes, but is not limited to the administration of first-aid, the use of ambulance, the administration of anesthesia and/or surgery under the recommendation of qualified medical personnel. I certify that all information is true to the best of my ability.

Signature _____ Date _____

Please Add Details for Your Enrollment Application

Name of School for Afterschool Pick-Up _____ Full-Time Part-Time

Parents' Night Out: Friday Saturday Both Month: _____

Workshop Name: _____ Dary _____ Time _____

Camp Dates: _____ Full AM PM

Registration Fees Workshop: $35 Afterschool: $50 Homeschool: $25 Camp: N/A

Birthday Party Date _____ Time _____

# of guests _____ Theme (Circle One): Video Game Creation Amazing Science Movie Making LEGO Mania

How did you hear about TechPlayzone (Circle All That Apply): Drive By Referral T.V. Brandon News Your Neighborhood News Osprey Observer Talon Internet