



RecZone Indy  
 1137 N. Arlington Ave  
 Indianapolis, IN 46219  
 Email: info@reczoneindy.com  
 Facebook: RecZone Indy

I hereby submit an application for admission of my child to RecZone Indy Before & After Program for the sessions indicated at the bottom of this form. Please complete a separate application (Page 1) for each additional child.

Name of Child:	First Name:	Last Name:
Child's Age:		Child's Grade: (As of Fall 2019)
Parent/Guardian	First Name:	Last Name:
Parent/Guardian	First Name:	Last Name:
Shoe Size:		Shirt Size: Youth S, M, L, XL (Circle One) Adult Size: S, M, L, XL
Please list all persons approved to pick up child or children and their relationship to the child or children. (Our staff will request proof of identification for anyone picking up besides parent/guardian. Person MUST be on the approved pick-up list).		
Approved Person(s):	1.	4.
	2.	5.
Please list all allergies, medications and instructions: (Please indicate None or N/A if no allergies/medications present)		
Allergies:		
Medications:		
Instructions:		
Please note any physical restrictions:		
How did you hear about our program?		
Does your child qualify for the Free/Reduced Lunch Program? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Waiver and Release: I hereby release, waive, and agree to hold harmless the staff, owners, and students associated with RecZone Indy, Dragon International Institute, & all camp helpers, officers, members, and volunteers from any and all claims or liability for personal injury or property damage my child or I may suffer as directly or indirectly from participating in these camps.		
Printed Name:	Printed Name:	
Signature:	Signature:	

**\*RecZone Indy reserves the right to use photographs and video taken during programming without compensation.**

- Rates:**
- 1 Cash paying parents- \$42.00 weekly Before & After Care.
  - 2 Cash paying parents -\$23.00 for weekly Before Care Only
  - 3 Cash paying parents-\$30.00 for weekly After Care Only
  - 4 CCDF rates will apply as issued by state guidelines.

**\*TO BE COMPLETED BY RECZONE ADMINISTRATOR\***

Registration #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Total Fees: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Discount Rate (if Applicable): \_\_\_\_\_



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## EMERGENCY CONTACT LIST

Child's Name (s): \_\_\_\_\_

### PERSONAL CONTACT INFO:

Parent/Guardian(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### EMERGENCY CONTACT INFO:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

I have voluntarily provided the above contact information and authorize RecZone Indy and its representatives to contact any of the above persons on my child(ren)'s behalf in the event of an emergency.



RecZone Indy  
1157 N. Arlington Ave  
Indianapolis, IN 46219  
317.721.4427 or 317.496.8300  
Email: reczone@uhealth.xyz

### Credit Card Authorization Form

Name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

Security Code (3 Digit Code): \_\_\_\_

Billing Zip Code: \_\_\_\_\_

I hereby authorize RecZone Indy to bill this card weekly for the duration of this program as agreed upon below:

Amount Authorized: \_\_\_\_\_

I understand and acknowledge that all weekly fees will be billed on the Friday prior to the following week your child is enrolled. For example, payment for the week of August 12<sup>th</sup> will be debited on Friday, August 9<sup>th</sup>. I also acknowledge that these payments cover my scholar's enrollment (space) as we prepare our staffing schedule accordingly. I also acknowledge and understand that all scheduled fees will be processed weekly unless I submit a written notice of absence no less than 14 days prior to the day(s)/week(s) my scholar(s) will not be in attendance to the program.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_