For Y5-5th grade Freeland Community School students, our Before & After School Programs offer organized sports activities, homework help, healthy snacks and more. All are programmed by our fun and energetic staff!

Please stop by the SportsZone's Member Services Desk for a registration packet OR print one and fill it out at home, then bring it in to complete registration.

After School Program (Y5-5th Grade) 2026-27

***FSZ Family Membership required for this Program.**

Program Coordinator: (989) 695-2000 | SACoordinator@Freeland-SportsZone.com

Location: Freeland SportsZone - Address: 5690 Midland Road, Freeland, Michigan 48623

Transportation: Child will be transported by bus from the school

Times: Monday - Friday, Y5-5th grade: 4-6pm; **Program Start Date:** First school day of the Freeland Community School District (August 24th) **Program End Date:** Last school day of the Freeland Community School District

Prices (2026-27 School Year): Registration Fee: $60/child

5 Days (M-F): $120/month per child

3 Days: $100/month per child

Activities: Homework help, crafts, games, sports and physical development activities. When the weather is nice, we will be outdoors on the playground.

Please read the Q & A below to navigate through our school-age program

Q: HOW DO I ENROLL MY CHILD IN A PROGRAM?

A: Complete a registration packet for each program you are enrolling your child in & pay the registration fee(s). IMPORTANT- if you have more than one child, each child will need to have their own registration packet completed. Registration packets, with instructions and additional details, are available at the Member Services Desk OR by emailing Nicole Bywater at: NBywater@Freeland-SportsZone.com

Q: WHAT HAPPENS AFTER REGISTRATION?
A: Once your child is enrolled, you will receive an email from our School-Age Program Coordinator with helpful information, including details, procedures and operation of the programs.

Q: Once my child is enrolled, how do I make changes to the program, or cancel the program?
A: All change requests must be made in writing. Requests can be emailed to Nicole Bywater at NBywater@Freeland-sportszone.com or can be made at our Members Services Desk by completing a School Age Program Change/Cancellation Form. Requests must be received prior to the first of the month to avoid existing charges for that month.

ASP 2026-27

Thank you for choosing our After School Program for your child!

NOTE: FSZ Family Membership is required for enrollment in the After School Program.
If you do not have a current family membership with us, please visit or call our Member Services Desk for assistance before proceeding with the registration process.

With current membership, please complete the following steps to ensure your registration request is processed efficiently and accurately.

REGISTRATION INSTRUCTIONS

1. RegistrationPacket: If you have more than one child to enroll, each child will need their own registration packet completed.
   Completed packets can be returned in person to our Member Services Desk, or emailed to Nicole Bywater at nbywater@freeland-sportszone.com
2. RegistrationFee: Payment of the $60 registration fee is required at the time of enrollment. *If you email the packet to Nicole, she will contact you with payment instructions when she receives the packet.
3. Credit/Debit Card: Credit/debit card information must be provided at the time of registration. Program fees will auto-charge on the 15th day of each month.
   The first auto-charge will be 9/15/26.

Any questions, please contact:

Member Services Desk
989-695-2000 (Option 3)

or

Nicole Bywater
989-695-2000 (Option 4)
nbywater@freeland-sportszone.com

Thank you. We look forward to having your child with us for the 2026-27 program year!

2026-27 After School Program (ASP)

Your child's spot in the After School Program will be secured with:

1. **Receipt of this completed ASP registration packet.**
   Email to Nicole Bywater at nbywater@freeland-sportszone.com or print and return to FSZ Member Services Desk
2. **Payment of ASP Registration Fee: $60.00**
   The registration fee is non-refundable and will be applied to the last month of the program
3. **Receipt of credit/debit card information for monthly billing**
   - Monthly program fees will be charged on the 15th of each month to the debit/credit card provided
   - To avoid existing charges, changes and cancellations must be received in writing prior to the 1st of the month
4. **Current FSZ Family Membership Type**

☐ **Recurring Monthly** ☐ **Paid in Full** _____
(Expiration Date)

ASP Selection

☐ **5 days a week** $120.00/Month

☐ **3 days a week** $100.00/Month (Please select days)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Child's Last Name	Child's First Name	Gender	Grade 2026-27
Street Address	City	Zip Code	
Home Phone #	Email Address (Mandatory)		
Parent/Guardian Name	Phone #		
Parent/Guardian Name	Phone #		

I understand that Freeland Community Sports Association (FCSA) and its departments, employees, agents, sponsors, co-sponsors, & contractors assume NO responsibility for any injury that may be suffered by the participant and that the participant assumes all risk, personal injury, loss & damage of property. I fully release from liability and/or damages, Tittabawassee Township and all its parties from injury or damages on behalf of my child and/or myself. By signing below, I consent that my child is in good health and that my child's immunizations are up to date.

Parent/Guardian Signature _____ Date _____

CHILD INFORMATION RECORD

Freeland SportsZone After School Program

Child Last	Child First	Child Middle Initial	Gender	Date of Birth

Address (Number and Street, Building/Apartment Number)	City	State	Zip Code

Parent/Legal Guardian's Name		Home Phone	Parent/Legal Guardian (Optional)		Home Phone
Street Address (if not child's address)		Cell Phone	Street Address (if not child's address)		Cell Phone
City	State	Zip Code	City	State	Zip Code
Email Address			Email Address		
Employer Name		Work Phone	Employer Name		Work Phone

Name of Child's Physician or Health Clinic	Physician's or Health Clinics Phone Number

Hospital Preferred for Emergency Treatment (Optional)

Activity restrictions my child has while in the After School Program

Medications my child needs while in the After School Program

INDIVIDUALS TO CONTACT IN CASE OF EMERGENCY

List all individuals, including parent's/legal guradians, in order of preference (If more individuals, attach additional sheet)

		1st Phone	2nd Phone (Optional)
1.			
2.		1st Phone	2nd Phone (Optional)
3,		1st Phone	2nd Phone (Optional)

☐ Parent / Legal Guardian Initials

I give permissin to Freeland SportsZone to secure medical treatment for the above named minor child while in their care.

I certify that I accurately completed this form and if anything changes I will notify the provider.

Signature of Parent or Legal Guardian Date Signed

2026-27 After School Program

Child Last Child First

Persons Authorized to Pick Up My Child

I hereby authorize the following persons to pick up my child from the Freeland SportsZone After School Program. I understand that it is my responsibility to notify the Freeland SportsZone in writing of any additions or deletions from this list. Notification by phone call will only be accepted in cases of emergency to allow someone not on the list to pick up my child from the Freeland SportsZone After School Program. **Please be prepared to show ID.**

Name	Relationship to Child	Primary Phone
Name	Relationship to Child	Primary Phone
Name	Relatonship to Child	Primary Phone
Name	Relationship to Child	Primary Phone
Name	Relationship to Child	Primary Phone

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature Date Signed

FREELAND SPORTSZONE

After School Program

No Tolerance Policy

This No Tolerance Policy is in place to ensure the safe and positive operation of the Freeland SportsZone After School Program. A child will no longer be able to attend the program if any of the following incidences occur.

1. Child receives three (3) Behavior Incident Reports for bullying, disrespectful behavior, or any other behaviors warranting a form to be filled out and signed by a parent/guardian.
2. Child deliberately damages the Freeland SportsZone equipment or facility.
3. Child demonstrates deliberate physical aggression towards staff and/or peers.
4. Child is picked up after 6:00 p.m. more than two (2) times in the school year.

Parents/Legal Guardians – Please be sure to go over this policy with your child.
If you have any questions or concerns about this policy please email the program coordinator at sacoordinator@freeland-sportszone.com or Talia Brown at tbrown@freeland-sportszone.com

I hereby state that I have read and understood the No Tolerance Policy provided by the Freeland SportsZone After School Program.

_____
Parent/Legal Guardian Printed Name

_____
Parent/Legal Guardian Signature Date Signed

FREELAND SPORTSZONE

5690 Midland Road,
Freeland, MI 48623
(989) 695-2000
www.freeland-sportszone.com

Photo/Video Release Form

I hereby by authorize Freeland SportsZone to publish photographs and/or video taken of _____, for potential use in printed and/or online-based marketing materials, as well as future possible Freeland SportsZone publications.

I hereby release and hold harmless Freeland SportsZone from any reasonable expectation of privacy confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking of publication of these photographs or participation in company marketing materials or other Freeland SportsZone publications.

I acknowledge and agree that publication of said photos congers no rights of ownership or royalties whatsoever.

I hereby release Freeland SportsZone, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability or any claims by me or any third party in connection with my participation.

Authorization

Printed Name:_____

Signature:_____ Date:_____

Street Address:-

_____

City:_____State:_____Zipcode:_____

Signature of Parent/Guardian:_____ Date:_____
(if subject is under 18 years of age)

____ I **DO NOT** AUTHORIZE the Freeland SportsZone to publish photographs and/or video of my child(ren).

Printed Name: _____ Signature:_____

Date:_____

5690 Midland Rd
Freeland, MI 48623
Phone 989-695-2000
Fax 989-695-2800

AFTER-SCHOOL AGE PROGRAM PAYMENT AUTHORIZATION FORM

I authorize the Freeland Community Sports Association to make monthly charges to this credit or debit card for my child's/children's participation in the Freeland Community Schools and Freeland SportsZone ***Before School Program*** *and/or the Freeland SportsZone* ***After School Program****. Such charges shall be in the amount of $_____ (initials) _____ and shall be charged on the 15th day of each month or the nearest business day following the 15th if said date falls on a weekend.*

Child/Children's Names: _____

After School Program

Please check applicable ASP Program box(es):

_____ $120 / month (per child) 5 Days a Week

_____ $100 / month (per child) 3 Days a Week

Credit/Debit Card for Recurrng Monthly Program Fees

_____ MasterCard _____ Visa _____ American Express _____ Discover

Card # _____ Exp Date _____ Security Code _____

Name on Credit Card: _____

Cardholder Address: Street _____

City _____ State _____ Zip Code _____

This authorization will remain in effect until written notice of termination is given to the Freeland Community Sports Association. I acknowledge receipt of a signed copy of this authorization. **All program cancellations must be received in writing prior to the 1st of the month to avoid charges for that month.**

Authorization Signature: _____

For Office Use Only

Start Date _____ Processed by _____ Date _____