KIDS NIGHT OUT – REGISTRATION & BLANKET WAIVER

_____ _____ _____ ___/___/_____ **Home Phone:** _____
Student's Name **Sex** **Age** **D.O.B.**

_____ _____ _____ _____ **Emergency:** _____
Street **City** **State** **Zip Code**

Are there any medical conditions or allergies we should be aware of? _____
Medical Insurance Co: _____ **Policy Number:** _____
Mom's Name: _____ **Work Phone:** _____ **Cell Phone:** _____
Dad's Name: _____ **Work Phone:** _____ **Cell Phone:** _____
Please list any siblings, grandparents, or others who may visit KIDS CO-OP: _____
_____
How did you hear about KIDS CO-OP Developmental Center? _____
If you child were to appear in a group or individual photo taken on our premises are we free to use this photo for advertising purposes (brochure, newspaper, internet, etc.)? □ Yes □ No
Emergency Contact Name: _____ **Phone Number:** _____

CLASS INFORMATION

Kids Night Out: Age of Child: ___ Birth Date: ____/____/____ Friday ____ Time: 6:00 – 8:00pm

Cost: Member $15.00 Non-Member $20.00
2nd child discount 10% off - Family up to 3 member price $25.00 - Family up to 3 non-member price $30.00

_____October 9th , 2009 – Spooktacular! ____ November 13th, 2009 - Super Silly String!

_____December 18th, 2009 – Gymnastics with Santa! _____February 12st, 2010 - Daddy Daughter Dance!

_____ March 12th, 2010 March Madness!
***We will see you Family Fun Night … WE CALL ONLY IF THERE IS A PROMBLEM! No news is good news!**

**** Late Pick-Up Available: 8 – 9:00 movie and a snack $5.00**

Payment Information

Total Enclosed …… $ _____
Payment method: Check: chk # ____ Credit Card: Name _____Credit Card #_____ Exp. Date__

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

KIDS CO-OP Developmental Center recognizes our obligation to make our students and their parents aware of the risks and hazards associated with sports or activities involving heights and motion, including but not limited to gymnastics, tumbling, trampoline, dance, cheerleading, and day camps. As legal guardian of _____, I recognize that potentially severe injuries, including permanent paralysis or death can occur. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all KIDS CO-OP Developmental Center, Stardust Studios programs, camps and activities and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE KIDS CO-OP Developmental Center including without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents. KIDS CO-OP Developmental Center, its coaches, and or any staff members will not accept responsibility for injuries sustained by any and or all siblings of students and or all other persons observing or participating during the course of a class or open gym.

In the event of an accident or emergency I would like my above mentioned child to be taken to a hospital for medical treatment and I hold KIDS CO-OP Developmental Center and its representatives harmless in their execution of this action. Additionally, I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. Additionally,

I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for KIDS CO-OP Developmental Center or Star Dust Studio. I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

_____ _____
Parent or Legal Guardian's Signature **Date**