

KIDS NIGHT OUT – REGISTRATION & BLANKET WAIVER

_____ /____/____ Allergies/Conditions: _____
 #1 Student's Name Sex Age D.O.B.

_____ /____/____ Allergies/Conditions: _____
 #2 Student's Name Sex Age D.O.B.

_____ /____/____ Allergies/Conditions: _____
 #3 Student's Name Sex Age D.O.B.

_____ Phone: _____
 Street City State Zip Code

Medical Insurance Co: _____ Policy Number: _____

Mom's Name: _____ Work Phone: _____ Cell Phone: _____

Dad's Name: _____ Work Phone: _____ Cell Phone: _____

How did you hear about KIDS CO-OP Developmental Center? _____

If your 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 (other than parent): _____ Phone Number: _____

REQUEST TO BE IN GROUP WITH ANOTHER CHILD _____

KIDS NIGHT OUT Prices

Cost: Member \$25.00 - Non-Member \$30.00 - 2nd child 10% Discount

Family Rate up to 3 Children - Member \$55.00 - Non-Member \$65.00

Additional Hour (when available) - \$5.00 per child \$10 family up to 3 children

Payment Information

of children attending: _____ Total Enclosed \$ _____

Payment method: Check: check # _____ Credit Card: approval # _____ Cash _____

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