

PLAY

Registration & Medical Release Form

Last Name _____

Child's First Name & (MI) _____

Home Phone Number (____) _____

Mother's Name/Work or Cell #(____) _____

Father's Name/Work or Cell # (____) _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Date of Birth ____/____/____ Date of Birth ____/____/____

School _____

Pick Up Names/Relation

Emergency Contact Name/Number

(other than Family) (____) _____

Emergency Instructions (if any)

I hereby authorize MacD Inc. dba The Playroom, or anyone they may designate to authorize treatment for my son/daughter _____ for injuries or illness they may incur while participating in activities at MacD, Inc. dba The Playroom.

I authorize necessary treatment and admission for any hospitalization designated by MacD, Inc. dba The Playroom, or their designate.

It is understood the parents or their agents will be called upon to give additional authorization if advanced treatments are necessary.

Health Insurance Company _____ ID# _____

Family Physician _____ Phone # _____

Allergy/Illness/Medication
Information _____

ABSOLUTE RELEASE OF LIABILITY

I recognize the potential for injury which can occur in gymnastics/tumbling activities, games/play with other children. I hereby consent for myself and for the above named child to participate in gymnastics/tumbling activities, games/play with other children on equipment used by MacD, Inc., dba The Playroom, and do hereby, for myself and the above named child, waive and release any and all rights and claims for damages that I or the above named child may have at any time against MacD, Inc., dba The Playroom, or any of its agents for any injury or damages in connection with my or my child's association with gymnastics/tumbling activities, games/play with other children or any other activity associated with or sponsored by MacD, Inc., dba The Playroom.

PARENT/LEGAL GUARDIAN SIGNATURE

____/____/____
DATE

RECEIVED AND READ GUIDELINES AND REGULATIONS _____