

Child Care Services: Registration / Waiver / Consent Form # _____

Child Care Date:

day (Mon.-Fri.)

month

date

year

Child's Name (first & last): _____

Age: _____

M / F

Allergies / Special Needs / Other Notes: Child carries an Epi Pen / Inhaler / Puffer / Nothing

Parent's Name (first & last): _____

E-Mail: _____

Day Time #: _____

Night Time #: _____

Home Address: _____

City: _____

Postal Code: _____

Authorized Pick-Up Person (first and last name): _____ **Phone Number:** _____ **Relationship to Child:** _____

/

/

I authorize Balls of Fun Inc. and its associates to act for me according to their best judgment in *any* emergency requiring medical care. I waive and release Balls of Fun Inc. and its associates from any and all liability for any injuries or illnesses incurred while attending the Child Care Services at Balls of Fun. I understand that I am responsible for any medical expenses incurred for treatment(s). I have provided Balls of Fun Inc. with all necessary medical information, and I can be reached at the number(s) listed. In an emergency, I authorize Balls of Fun Inc. to secure medical care for my child. At this time, my child is free of any illness. I understand that a late fee of \$1.00 per minute, per child, is applied after the allocated Child Care Service hours. My child will not have any snacks or items containing nuts or peanuts at Balls of Fun. My child will wear socks and the provided gym vest for identification while playing at the gym. I also understand that Balls of Fun is not responsible for any lost or stolen items. My child is responsible for signing their own electronic device in and out of the office. **I have read and I agree to the Additional Information and the Registration/ Waiver/ Consent Form (found on the website under "Gym Programs").**

Parent's / Guardian's Signature: _____ **Date:** _____

Child Signed into the gym at _____ **Signed out of the gym at** _____

Electronic Device sign-in: yes / no

Electronic Device given back: yes / no

Device (circle): I –pod, I-pad, gaming device, phone **Other:** _____

OFFICE USE: Staff Member: _____

Told the parent to read the Additional Information and the Registration / Waiver / Consent Form, found under "Gym Programs" on our website, and that the Registration Form needs to be signed when the child is dropped off at the gym: yes / no

Date Registered and Paid for Child Care Services: _____

Number of three-hour Child Care Service Sessions (\$20, per child, plus tax = \$22.60 per three hours): _____

Total Paid: \$ _____ **Cash / Debit / Visa / Master Card**

If the parent pays for multiple Child Care Service Sessions, indicate the date when the payment was made here _____, **and staple the customer copy to the initial Registration Form.**

***A Registration Form needs to be filled out, and signed by the parent, for each day of Child Care Service.**

***Fill in the *payment date* on every registration form so that payment information can be located.**