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**Drop-Off Registration Form**

**Child Information**

**Name: Last Name:**

**Birthday: Age:**

**Home Phone:**

**Address: City:**

**Postal Code:**

**Parent/Guardian: Cell#:**

**Work#: E-mail:**

**Parent/Guardian: Cell#:**

**Work#: E-mail:**

**Any Health, Dietary or Allergy concerns:**

**Emergency Contacts**

**1. Name: Relationship to Child:**

**Home Phone#: Cell#:**

**Work#:**

**2. Name: Relationship to Child:**

**Home Phone#: Cell#:**

**Work#:**

**Pick-up Contacts**

**1. Name: Relationship to Child:**

**Home Phone#: Cell#:**

**Work#:**

**2. Name: Relationship to Child:**

**Home Phone#: Cell#:**

**Work#:**

**INDOOR PLAYGROUND WAIVER**

I am aware that there are inherent risks associated with participation in all activities at Play Time Playground including the risk of serious personal injury. I on my behalf freely, voluntarily, and knowingly assume such risks and forever waive the right to sue or exercise any legal actions against Play Time Playground, It’s owners, employees, officers, directors and members. I also release Play Time Playground from any and all liability resulting from any injuries, property or otherwise which may occur while my child participates in any activities while at Play Time Playground. In case of emergency, and I cannot be reached, I grant permission for the treatment of my child by physician selected by the staff.

I have read and understand the Playground Waiver:

 Name: Signature: Date: