



Wareing's Gym Child Care Registration Form and Waiver

Child's Full Name: _____

Nickname: _____

Gender: _____

Date of Birth: _____

Mother/Legal Guardian Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____

Home Phone: _____

Employer Name: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Work Hours: _____

Marital Status: _____

Driver's License: _____

If applicable: Do you have legal custody?

Yes

No

Father/Legal Guardian Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____

Home Phone: _____

Employer Name: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Work Hours: _____

Marital Status: _____

Driver's License: _____

If applicable: Do you have legal custody?

Yes

No

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child, hereby consent to the participation by the child in all day care activities conducted by Wareing's Gym Day Care and to the participation of the child in all events related to said activities.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Wareing's Gym Day Care to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include, but not be limited to the administration of anesthesia, x-ray, examination, and performance of operations, diagnostic and other procedures.

The undersigned(s) hereby further authorize(s) emergency transportation by either day care personnel or if necessary by ambulance or other emergency vehicle. If there is no medical emergency, the day care staff will first use reasonable efforts to contact the parent(s) and /or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this consent form, Wareing's Gym Day Care shall not have the authority to withhold or withdraw life-sustaining procedures for the child.

The day care is well child-proofed and the children are consistently well supervised. However, accidents do happen. The undersigned(s) assume(s) all risk of injury or harm to the child associated with participation in the day care and agree(s) to release, indemnify, defend and forever discharge Wareing's Gym Day Care and it's staff, employees, and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation in the day care.

Signature of Parent/Guardian

Date