



RICHARD E. WORKMAN
Sports & Wellness
Complex

Future All Stars

CHILDCARE REGISTRATION FORM

Please Print Clearly

Parent/Guardian Information

First Name	Last Name	Relationship to Child
Street Address	City/State	Zip
Home Phone	Cell Phone	Work Phone
Email		

First Name	Last Name	Relationship to Child
Street Address	City/State	Zip
Home Phone	Cell Phone	Work Phone
Email		

Liability Waiver

I, the undersigned, hereby hold harmless, waive and release Workman Sports and Wellness Complex, their childcare staff, coaches, employees, volunteers, officers, representatives, agents, organizers, and successors from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with the participation of childcare, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. I understand that the childcare services are provided only while I am present in the building.

I have read and understood the Workman Sports and Wellness Complex Childcare Policies, foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by the above mentioned parties negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

Printed Name

Signature

Date

Printed Name

Signature

Date

Please Print Clearly

Child #1

First Name	Last Name	Date of Birth
Allergies?		Special Notes:

Child #2

First Name	Last Name	Date of Birth
Allergies?		Special Notes:

Child #3

First Name	Last Name	Date of Birth
Allergies?		Special Notes:

Emergency Contact

First Name	Last Name
Relationship to Child	Phone Number