

Shopper's Day Out Registration

Registration Form (One child per form, please print clearly) # of children attending _____

Child's Name: _____ Birth Date: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Child Information

Please list any allergies or medical conditions that we need to know about:

In the event of an emergency, we will contact the parent or guardian listed on the registration form. Please designate an additional emergency contact if we are unable to reach you.

Emergency Contact _____

Home Phone: _____ Cell or Work _____

Please initial each statement indicating that you have read and sign and date the bottom.

____ I, the undersigned parent/guardian of the minor child named above, hereby grant permission for my child to participate in all activities in and around the Discovery Center as a part of the program.

____ I, hereby give permission to the Discovery Center to call or obtain the services of a physician or hospital for medical or surgical care for my son/daughter should an emergency arise. I do not hold the Discovery Center responsible for any injuries that may occur while my son/daughter attends this program.

____ I, agree to allow my child to be photographed and I understand that these pictures may be used for promotional and news purposes.

_____ Parent/Guardian

_____ Date