

Kids Only Valentine Party Registration and Emergency Contact Form

Child's name _____ Age _____ B'day _____

Child's name _____ Age _____ B'day _____

Child's name _____ Age _____ B'day _____

Parent's name _____ Cell # _____

Alternate name _____ Cell # _____

Emergency contact if parent cannot be reached _____

Emergency contact phone # _____

Special notes regarding your child: i.e. allergies, special needs, etc...

I/We, the undersigned, are the parent(s)/legal guardian(s) of the above named child/children and we agree, in taking advantage of this child care service, to release and hold harmless Harrisonburg Children's Museum (HCM), its officers, trustees, agents, and employees, volunteers, from any and all claims, demands, suits, costs and charges, in connection with or arising out of the child care service, including, but not limited to, bodily harm or injury to our children, except only for loss, harms or injury occasioned by gross negligence or intentional misconduct by HCM, its officers, agents and employees, volunteers and further authorize HCM to administer, or cause to be administered, at my/our sole cost and expense, medical treatment and/or medication to the above named child/children in the event of any emergency.

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Harrisonburg Children's Museum child care coordinator or person in charge to take my child to the RMH Emergency Room, and I give my consent for any and all treatment for my child when the child is in this individual's care. I understand that RMH Emergency Department will be the facility used in case of a medical emergency.

I understand that I will be required to show a valid driver's license when I drop off and pick up my child.

Signature of parent or guardian _____

Date _____