



# "Sensory Safe" Playgroup - Registration Form

_____ Child's Name _____ Parent's Name _____ Address _____ _____ Telephone _____ Emergency Contact _____ Telephone _____ Insurance Company _____ Policy number _____	Sensory Safe Playgroup (Please check one)  <input type="checkbox"/> Mondays 4:00-5:00 age 3-4 Jan. 26 – March 9, 2009 \$175.00  <input type="checkbox"/> Mondays 5:00-6:00 age 6-7 Jan. 26 – March 9, 2009 \$175.00  <input type="checkbox"/> Wednesdays 4:00–5:00 age 5-6 Jan. 28 – March 11, 2009 \$175.00  _____ Allergies/Medical concerns
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Full Payment Must Be Made By January 28, 2009

### Child Waiver and Release

- I understand that participation in any activity at EsSENSE of Play Therapy Center (hereinafter referred to as "EOP Therapy Center") is voluntary, and that the use of the related facilities and equipment therein carries some physical risk.
- I understand that if I or my minor child is injured or our property is damaged while participating in the EOP programs, that the injury or loss will not be covered or reimbursable by EOP Therapy Center.
- I agree to assume the risk of any and all illness, injury (minor, serious or catastrophic in nature, including claims and suits at law or in equity for any injury) or damage (to person or property) resulting from my minor child's participation in all activities, including the use of the facilities and/or equipment associated with the EOP Therapy Center activities.
- I hereby waive all claims, on behalf of myself and claims by my minor child, now or in the future, for any such Damages and do hereby release and discharge EOP Therapy Center and its respective officers, directors, instructors, agents, employees and assigns from any and all liability for any such Damages.
- I hereby release and grant permission to the EOP Therapy Center Staff to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the EOP Therapy Center Staff to call a doctor to seek medical help, including transportation by an EOP Therapy Center Staff member, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the EOP Therapy Center Staff deem this to be necessary.

### Photo Release

I hereby give EsSENSE of Play Therapy Center permission to take photographs of the minor named above or photographs in which the minor may be involved with others for the purpose of publicly promoting The EsSENSE of Play Therapy Center programs. I hereby release and discharge EsSENSE of Play Therapy Center and all officers, owners and employees from any and all claims arising out of use of the photos, or any rights that I or the minor may have. I also certify that I am able to contract for the minor in the above regard. I have read the foregoing document and fully understand its contents.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date