

HOPSCOTCH'S Playplace

Drop-Off Service Registration & Liability Form

To ensure your privacy, we do not sell or distribute personal information, nor do we share this information with outsiders.

Child's Information:

Child's Name: _____ Birth Date: ____/____/____ Sex: M or F

Preferred Name: _____ Snacks Approved to be added to account: YES or NO

Medical Insurance _____ Preferred Hospital _____

Child Allergies/Reaction: _____ Toilet Trained: YES or NO

Special Notes about your child: _____

Child's Information:

Child's Name: _____ Birth Date: ____/____/____ Sex: M or F

Preferred Name: _____ Snacks Approved to be added to account: YES or NO

Medical Insurance _____ Preferred Hospital _____

Child Allergies/Reaction: _____ Toilet Trained: YES or NO

Special Notes about your child: _____

Guardian's Information:

Name: _____

Address: _____ City: _____ Zip: _____

License Number/State: _____

Cell Phone: _____ Pager: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Guardian's Information:

Name: _____

Address: _____ City: _____ Zip: _____

License Number/State: _____

Cell Phone: _____ Pager: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

In addition to the parent(s)/guardian(s) listed above, only the following people will be allowed to pick up your child with photo identification. Those listed as Emergency Contacts will be the first contacted if we cannot reach one of the parents.

Emergency Contact Information:

Name: _____
Address: _____ City: _____ Zip: _____
Cell Phone: _____ Pager: _____
Daytime Phone: _____ Evening Phone: _____
Email Address: _____

Emergency Contact Information:

Name: _____
Address: _____ City: _____ Zip: _____
License Number/State: _____
Cell Phone: _____ Pager: _____
Daytime Phone: _____ Evening Phone: _____
Email Address: _____

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Release of Liability: I hereby agree to release Hopscotch's Playplace, its representatives, agents and employees from any and all claims, causes, right of action, and liability for any injury to my child(ren) resulting from any cause whatsoever occurring to him/her at any time, arising out of, or in connection with participation in Hopscotch's Playplace programs or while on Hopscotch's Playplace premises.
I also understand personal items are not the responsibility of Hopscotch's Playplace or its staff if lost or stolen. **This agreement shall expire one year from the date signed. I have read and understand the above policies.**

Parent Signature

Hopscotch's Playplace Employee Signature

Date

Date