



KidZone Registration Form

Name of Parent: _____ CNW Member # _____

Address: _____ City, State, Zip _____

Home Phone: _____ Work Phone: _____ Email Address: _____

Child(ren) Registering:

Name _____ M / F _____ DOB _____ Reg Pd _____

Name _____ M / F _____ DOB _____ Reg Pd _____

Name _____ M / F _____ DOB _____ Reg Pd _____

Name _____ M / F _____ DOB _____ Reg Pd _____

In case of an emergency, please notify:

1) Name _____ Relationship to child _____ Phone _____

Children's Doctor: _____ Phone: _____

___ **NOTIFICATION OF RISK:** Activities involving bodily motion that include contact other objects involve risk of injury. You or your child could be injured in these activities, and injuries could include broken bones, paralysis or death. There is no landing surface, coach, equipment or procedure that can completely eliminate risk.

___ **CONSENT/WAIVER:** Members, their guests, heirs, assigns, executors and administrators, waive and release any and all rights claims and for damages they may have against Club Northwest, KidZone, or their respective agents and employees for any and all injuries which may be suffered in connection with participating in any contest, game, function, exercise, competition, class or activity operated or organized, arranged or sponsored by Club Northwest and / or KidZone, whether on or off the premises, either caused by negligence of such parties or otherwise. As the responsible adult, I agree to abide by all of the safety and guidelines set in KidZone and Club Northwest as set forth in the Rules and Regulations and assume any financial claim KidZone or Club Northwest may have from damages due to my child(ren)'s behavior.

___ **MEDICAL CONSENT:** I DO ___ I DO NOT ___ give consent to Club Northwest / KidZone to provide, transport, and/or seek medical treatment and for a medical facility to administer whatever treatment deemed necessary by the medical staff.

___ **PHOTO CONSENT:** I DO ___ I DO NOT ___ consent to photography of my child during class/group activities. If such photos are used for KidZone advertising purposes (brochures, etc.) I will receive and accept 2 passes to the KZ play center in exchange for such use.

___ **SPECIAL MEDICAL INFO:** ___NO ___YES Explain: _____

___ **PLEASE CONTACT REGARDING PROGRAMS:** I understand that the Kidzone Annual Registration Fee applies to all children's programs taught at ClubNW. Please contact me regarding classes which are appropriate for my registered children.

KidZone Registration is required for all KidZone programs and classes including the CNW Member Voucher Program. I agree to the terms of this registration form. **I understand my KidZone registration will automatically be paid annually by Electronic Funds Transfer, Credit Card or statement billed with my Club Northwest Membership dues and will continue until 30 days after Club Northwest receives written notification of cancellation.** Annual registration will be due again on _____, 20___. I understand the registration fees are subject to change with written notice, and all payments are non-refundable. I agree to pay a \$20 fee for any returned payment.

Parent or Legal Guardian Signature

Date

Release of Liability: I, the undersigned parent/guardian of the above named child, a minor, do hereby authorize any adult staff member of Club Northwest as agent(s) for the undersigned, consent to any x-ray, examination, anesthetic, medical or surgical treatment and hospital care which is deemed advisable by, and rendered under the general or special supervision of any physician/surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or medical hospital care and is given to provide authority and power to the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization shall remain in effect indefinitely, unless revoked in writing and delivered to the said agent(s). By signing this document, I acknowledge that if anyone is hurt or property damaged during participation in this activity, I may be found, by a court of law, to have waived my right to maintain lawsuit against Club Northwest/KidZone on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read and fully understand this entire document and I agree to be legally bound by its terms.

Parent or Legal Guardian Signature

Date

For Staff Use

Registration Fee (I-40.00 F-65.00) \$ _____

Paid by: Cash

Check Credit Card

CNW Chg.