

HCM Preschool Adventures 2010

Registration Form and Waiver

Parent/Guardian Name _____

Address _____

Email (HCM use only): _____

Home Phone: _____ Cell Phone: _____

Child's Name _____ **Age:** _____

(Note: Preschool Adventure Classes are for potty trained children ages 3 - 5 years old.)

List any health concerns or limitations: _____

Allergies: _____

Medications: _____

Preschool Adventures:

_____ **Penguins and Polar Bears (February 25)**

_____ **Lions and Lambs (March 4)**

_____ **Jungle Jamboree (March 11)**

_____ **Enormous Elephants (March 18)**

_____ **Egg Extravaganza (March 25)**

_____ **Crazy Creatures (April 1)**

Classes

1 Class: Member \$10 x _____ = \$ _____

1 Class: Visitor \$12 x _____ = \$ _____

All Classes (-10%) Member \$54.00 x _____ = \$ _____

All Classes (-10%) Visitor \$64.80 x _____ = \$ _____

TOTAL ENCLOSED \$ _____

Emergency Contact Information:

Alternate Emergency Contact (name and phone): _____

Family/Child's Doctor: _____

Family/Child's Dentist: _____

To my knowledge, my child has no health impairment that might interfere or preclude him/her in a registered activity. Accordingly, with respect to such participation, I waive any and all claims for injury, loss or damage which might occur insofar as the premises in which the activities are held, and or Harrisonburg Children's Museum (HCM), and/or the staff, helpers, and invitees, may be found responsible. I authorize HCM staff to seek emergency medical treatment if deemed necessary. I have read the preceding waiver and affixed my signature.

Parent/Guardian Signature: _____

