



CHILDREN'S ACTIVITY CENTER REGISTRATION

Please complete one form per child and return to the Children's Activity Center

Child's Name: _____

Male Female

Date of Birth: ____/____/____

Mother's Name: _____

Mother's Cell/Home Phone: (____) _____ - _____

Father's Name: _____

Father's Cell/Home Phone: (____) _____ - _____

Home Address: _____

Email Address: (optional) _____

Would you like to be added to the Addison Kidscene email list to find out more information on Children's programs and Special Events? Please check Yes No

Child's Physician: _____

Phone: (____) _____ - _____

Emergency Contact: _____ Relation to Child: _____

Emergency Contact Phone: (____) _____ - _____

List any allergies your child has: _____

Special Considerations: _____

PLEASE SIGN THE REVERSE SIDE OF THIS FORM



CHILDREN’S ACTIVITY CENTER REGISTRATION FORM

As a convenience to our members, the Town of Addison and Addison Athletic Club (“AAC”) provides the Children’s Activity Center for the temporary care of children while their parents are using the club’s facilities. The undersigned agrees as follows with respect to each child left at the Children’s Activity Center.

1. I will remain on the Club’s premises at all times while my child is in the Children’s Activity Center. Premises include the main facility, the outdoor pool and the tennis court (must notify staff at check in and leave a cell phone number if going to outdoor pool/tennis).
2. In return for allowing my child or ward to participate in the Children’s Activity Center, I hereby release and agree not to sue AAC, its officers, agents, employees, successors and assigns, from any loss, liability, damages, costs or injuries sustained by my child or ward in connection with the Children’s Activity Center. Further, I agree to and shall indemnify and hold harmless and defend AAC, its officers, agents, employees, successors and assigns, from and against any and all claims, losses, damages, causes of action, suites, and liability of every kind, including all expenses of litigation, court costs, and attorney’s fees, for injury or death of a person, or for any damage to any property, arising out of or in connection with the Children’s Activity Center, where such injuries, death or damages, are caused by the AAC’s sole negligence or the joint negligence of AAC and any other person or entity. It is the expressed intention of the parties hereto, both the parent/legal guardian and AAC, that the indemnity provided for in this paragraph is indemnity by parent/legal guardian to indemnify and protect AAC from the consequences of AAC’s own negligence, whether that negligence is the sole or concurring cause of the injury, death or damage.
3. I further indemnify and agree to hold harmless AAC from and against any claims, costs or expenses incurred by it as a result of my child or ward’s participation in the Children’s Activity Center.
4. I hereby authorize AAC to administer First Aid to my child or take whatever action is deemed necessary concerning my child’s health and welfare. I hereby agree and interned that the terms of this release and indemnification agreement extend to the provision or non-provision of such First Aid services. I agree that I will be financially responsible for paying the charges for any such treatment.
5. I have read the Addison Athletic Club Children’s Activity Center rules and regulations.

Parent or Legal Guardian Signature

Date

Name of children placed in the Children’s Activity Center:

