



KIDS! Location: _____

Child Information

Child _____ Age _____ Birthday _____ M F Grade _____
Child _____ Age _____ Birthday _____ M F Grade _____
Child _____ Age _____ Birthday _____ M F Grade _____

Primary Caregiver

Primary Caregiver _____ (Mom / Dad / Legal Guardian)
Circle One

Address _____ E-mail _____

City _____ State _____ Zip _____ Cell (____) _____

By signing this agreement, I hereby grant permission for the staff at O2B Kids to contact the following emergency medical personnel to obtain emergency medical care if warranted.

Hospital Preference: _____

Doctor _____ Phone _____

Optional Information

Your child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove your child from O2B Kids in case of illness, accident, or emergency if for some reason the custodial parent or legal guardian cannot be reached.

1. _____
Name _____ Address _____
Cell (____) _____

Please list allergies, special medical or dietary needs, and any other helpful information about your child:

Waiver and Release

You (the buyer) agree that you are aware that the Buyer and the Member or any member guests may engage in activity which could cause injury to the Buyer and/or Member or Member's guests. Both the Buyer, the Member, and the Member's guests are voluntarily participating in these activities and you (the Buyer) assume all risks of injury to the Buyer, Member or Member's guest that might result at any location, on or off site. You (the Buyer) hereby agree to waive any claims or rights you might otherwise have to sue the Company, its employees or agents for injury to the Buyer, Member or Member's guest on account of these activities. You (the Buyer) have carefully read this waiver and fully understand it is a release of liability. The Company will make no evaluation or recommendation whether Member or guests are sufficiently fit for any active or passive activities. It is always advisable to consult your physician before undertaking any physical activity.

In WITNESS WHEREOF, the Buyer and the Company have executed this Membership Agreement on _____ (Date).

Primary Caregiver Contact, Individually and as agent