Play Care Registration Form

Last Name:	
Today's Date:	
1 st Child's First Name:	
Birthday:	Age:
2nd Child's First Name:	
Birthday:	Age:
3rd Child's First Name:	
Birthday:	Age:
4th Child's First Name:	
Birthday:	Age:
Parent/Guardian's Full Name:	
Home Telephone Number:	
Address	

Play Care Enrollment Checklist. Please visit PremierTLH.com for more information.

- 1. Registration Form
- 2. Play Care Policies
- 3. Liability Form
- 4. Security Policy
- 5. Discipline Policy
- 6. Pick-Up Policy
- 7. Parent Handbook
- 8. Sick Policy

Print Parent/Guardian Name: _____

Signature:_____ Date: _____



Emergency Contact Information for Member/Guest

(Person to whom the child may be released in case of emergency)

Member Name:
Telephone Number:
Emergency Contact Name:
Telephone Number:
Relationship to Child and Member/Guest:
If your child has any special medical conditions or concerns, please list them below:

1	
2	
3	

Premier Health & Fitness Center Play Care Waiver/Disclaimer:

I understand that I am required to remain on the premises of Premier while my child is in Play Care. I know that I may leave my child in Play Care for a maximum of 2 hours. I understand that I may be required to show identification to pick my child up from Play Care. In case of emergency, or accident, I understand that Premier is not held liable. I understand that I will be notified immediately in case of emergency, or accident, and may be asked to attend to my child or children. It is expressly agreed that all use of Premier facilities and any transportation provided by Premier shall be undertaken by Member or guest at his/her sole risk, and Premier shall not be liable for any injuries or any damage to any Member or guest, or be subject to any claim, demand, injury or damages, whatsoever, Including without limitation, those damages resulting from acts of active or passive negligence on the part of Premier, its officers, employees or agents.

Parent/ Guardian Signature:

Date: _____

