



RICHARD E. WORKMAN
Sports & Wellness
Complex



FUTURE ALLSTARS REGISTRATION FORM

CHILD NAME: _____ DOB: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

EMERGENCY CONTACT: _____

ANY KNOWN ALLERGIES: _____

ALTERNATE PICK-UP OPTION: _____

LIABILITY WAIVER:

I, the undersigned, hereby hold harmless, waive and release Workman Sports and Wellness Complex, their childcare staff, coaches, employees, volunteers, officers, representatives, agents, organizers, and successors from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with the participation of childcare, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. I understand that the childcare services are provided only while I am present in the building.

I have read and understood the Workman Sports and Wellness Complex Childcare Policies, foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

 Printed Name

 Signature

 Date