

Playroom Registration Form

Child Information

Name: _____ DOB: _____

Allergies or Special Needs: _____

Parent/Legal Guardian Information

Name: _____ Spouse: _____

Relationship to Child: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

How Will You Be Paying for the Playroom? (check one)

____ Monthly Recurring

____ Hourly

*If you wish to sign up for the monthly recurring rate, please see a front desk staff member who can add this automatic charge to your monthly dues.

Emergency Contact Information

Name: _____

Relationship to Child: _____

Primary Phone: _____ Secondary Phone: _____

WAIVER: It is expressly agreed that the use of all Club facilities, without limitation and whether engaging in exercise activities or not, shall be undertaken by a myself at my sole risk, and the Club shall not be liable for any injuries or any damages to myself, my heirs or assigns, or the property of any member, or be subject to any claim, demand, damages, or causes of action arising out of the use of, or occurring on the Clubs premises regardless of whether it was caused by the active or passive negligence of the Club. It is agreed that this waiver and release agreement applies to any and all incidents occurring on any Club premises, including slip or trip and fall incidents, regardless of the cause. I also expressly acknowledge that signing below I relinquish all rights I may have to sue the club for injuries arising out of the use of the Club facilities or its services. Furthermore, I understand and agree that neither the Stillaguamish Athletic Club (hereinafter SAC) nor any of its owners, officers, employees or agents may be held liable; I hereby personally assume all risks arising from any occurrences, acts, omissions, or conditions in connection with the use of the facilities, equipment, or services of SAC, that may result in injury, death, or other damages to me, my heirs or assigns, whether said risks are foreseeable, and further save and hold harmless SAC, it's owners, officers, employees or agents from any claim by me, or my family, estate, heirs or assigns. I have fully read and understand the contents, terms, and conditions of this waiver of liability. I am of lawful age or by my signature waive and release by the Club all claims on behalf of my child. I am legally competent and sign this document of my own free will. I agree to abide by the policies of SAC Playroom, as outlined in the SAC Playroom Brochure. This includes helping my child to understand the expectations for his/her behavior. Failure to follow these rules may result in loss of Playroom privileges. I hereby allow my child to be removed from the premises in case of an emergency.

Please check this box if you DO NOT want your child's picture to be used in future SAC publications.

Signature of Parent: _____ Date: _____