



Registration, Emergency & Release Information Form

Date: _____

Childs Name: _____ Sex: M or F

Birthdate: _____

Childs Name: _____ Sex: M or F

Birthdate: _____

Childs Name: _____ Sex: M or F

Birthdate: _____

Address: _____ City _____ State: _____

Zip: _____

Mother or Primary LEGAL Guardian's Name:	Father or Secondary LEGAL Guardian's Name:
Cell phone: _____	Cell phone: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Home Address:	Home Address:
City:	City:
State/Zip:	State/Zip:

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

Name Relationship	Address	Best Phone #	

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN NUMBER	ADDRESS	MEDICAL PLAN AND	TELEPHONE ()
DENTIST NUMBER	ADDRESS	MEDICAL PLAN AND	TELEPHONE ()
IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN? <input type="checkbox"/> CALL EMERGENCY HOSPITAL <input type="checkbox"/> OTHER EXPLAIN: _____			9-1-1

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM LITTLE STAR CAFÉ

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP
NAME	RELATIONSHIP

NAME	RELATIONSHIP
NAME	RELATIONSHIP

SIGNATURE OF PARENT OR AUTHORIZED LEGAL GUARDIAN

DATE

CONSENT FOR EMERGENCY MEDICAL TREATMENT



AS THE PARENT OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO

JENNY'S PLAY KITCHEN, LLC, DBA: LITTLE STAR CAFÉ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENIST (D.D.S.) FOR (CHILD'S NAME) _____.

THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

HOME ADDRESS _____ CITY _____ STATE _____
 ZIP _____

HOME PHONE () _____ CELL PHONE () _____

LITTLE STAR CAFÉ ACTIVITIES: LIABILITY RELEASE FORM

In consideration for being permitted by the above organization to participate in any activities, I hereby waive, release and discharge any and all claims for damage for personal injury, death or property damage which I have, or which may hereafter accrue to me as a result of participation in said activity. This release is intended to discharge in advance the above organization (Little Star Café and its officers, employees and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Parental Consent

I hereby consent that my son(s) and/or daughter(s) may participate in activities and I hereby execute the Agreement, Waiver & Release on their behalf I state that said minor(s) is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above, free and harmless from any loss, liability, damage, cost or expense that may incur as a result of the death or any injury or property damage that said minor(s) may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER & RELEASE AND FULLY UNDERSTAND ITS CONTRACT BETWEEN MYSELF AND LITTLE STAR CAFÉ AND I SIGN IT OF MY OWN FREE WILL.

Should a medical emergency arise, the parent/legal guardian will be notified immediately. If the undersigned is not available for consultation, permission is granted to Little Star Café staff to obtain medical treatment as deemed necessary.

PARENT OR LEGAL GUARDIAN SIGNATURE

PRINTED NAME

(_____)_____
CELL PHONE

DATE