

StoryPlay Classes at The Playroom

Child's Name: _____

Parent's Name: _____

Date of Birth: _____ Age: _____

Phone Number: Home _____

Cell _____

E-Mail: _____

Class Registering For: _____

(Type, Day, Time)

All 50-minute classes run for an 8-week session for \$96. Classes are held at 1 Newport Drive, Forest Hill, MD 21050 (second floor). Checks are made out to: The Playroom. Inclement weather related closings will be made up with passes for Drop-In Play in The Playroom. StoryPlay registrants may add Drop-In play in the Playroom on their regular registered mornings for a discounted rate!

You may add the Stay & Play option for the Playroom on class days for \$35 (a \$40 value). This gives you a FREE play day! This \$131 option is available at the time of registration for StoryPlay students.

PLEASE COMPLETE WAIVER PRIOR TO ENTERING THE PLAYROOM

In consideration for participation in activities at The Playroom, I hereby agree on my behalf and on behalf of the minor listed below to the following:

I understand that participation in activities at The Playroom can be risky and that risks of injury include without limitation, scrapes, bruises, cuts, and even more serious injuries, such as broken bones or paralysis, and I fully accept and agree to assume all of these risks (including risks arising from the negligence of other participants), for myself and the child listed below. I understand that it is my responsibility to supervise the child listed below when they are participating in activities at The Playroom, not the responsibility of The Playroom staff. I will obey and will make sure that my child listed below obey the rules posted at The Playroom.

With the full understanding of the risks stated above, I, for myself and the child listed below, hereby release, hold harmless and forever discharge and covenant not to sue The Playroom LLC, its owners, employees, and all other persons acting on its behalf, for any injury at or related to The Playroom, and agree to reimburse any reasonable attorney's fees and costs that may be incurred by The Playroom. I agree and understand that this agreement is binding for myself and my child listed below and the heirs, successors and assigns of myself and the child listed below.

By signing below, I certify that I am the parent or legal guardian, supervisor, or responsible person for the following child for whom I am signing, or that I have the express permission of the parent or legal guardian. I understand that this is a waiver to be kept on file by The Playroom LLC, for the time period listed on this registration form. A new waiver shall be completed for all subsequent visits.

Socks must be worn by everyone entering The Playroom, shoes are not allowed beyond the lobby.

Today's Date: ____/____/____

Parent Name: _____

Signature: _____

Phone: _____

Child's Name _____ Birth Date: _____

Multimedia Release:

I understand that photographs and/or video may be taken of my child while they are in the playroom. I give permission for The Playroom to use photographs and/or video of my child for publications and marketing materials.
Parent/Legal guardian:

Signature: _____ Date: _____