

Form 2

Name of Child			
Date of last tetnus shot			
Child's physician			
PHONE:	Please fill this in		
List all allergies your child has. We will post this information in the staff area unless you tell us not to.	1 2 3 4 5	Time	Dosage
Does your child take any medications? If so, please list all medications, times we should administer them, and dosage.	1 2 3	Time	Dosage
Tuition Rate:			
Full time/part time	Full Time _____	Part Time _____	
Start date:			
I have read the Parent Handbook for this program and agree to all its policies and practices contained within.	Yes _____	No _____	
I hereby release and agree to indemnify and hold harmless Howard Sports, Inc., their heirs and assigns harmless in the event of injury or accident while my child is a participant in any of the activities at Howard Sports	Signature X		Date
I hereby give Howard Sports permission to use my child's image or likeness in promotional materials, including brochures, pamphlets, their internet website, or in local newspapers.	Signature X		Date
Director's Signature	Signature X		Date