

LAST NAME: _____

MEMBER # _____

**ASHBURN VILLAGE SPORTS PAVILION
KIDZONE REGISTRATION AND EMERGENCY CONTACT FORM**

MOTHER'S NAME: _____

MOTHER'S CELL PHONE: _____

FATHER'S NAME: _____

FATHER'S CELL PHONE: _____

ADDRESS: _____

EMERGENCY CONTACT PERSONS
(OTHER THAN CHILDREN
PARENTS): _____

NOT AUTHORIZED TO
PICK UP: _____

EMERGENCY CONTACT
PHONE: _____

ALTERNATE PERSON(S)
AUTHORIZED TO PICK UP: _____

CHILD'S FIRST NAME	CHILD'S LAST NAME	D.O.B (mm/dd/yyyy)	LIST MEDICAL ALERTS*	TYPE OF MEDICAL ID CARRIED (if any)	LIST OF ANY CURRENT MEDICATION

*Seizures, asthma, allergic reactions, diabetes, etc.

EMERGENCY MEDICAL AUTHORIZATION, RELEASE FORM LIABILITY, KIDZONE RULES

In case of emergency, you have my permission to seek appropriate medical treatment for my child/children listed above. I also accept full responsibility for my child's/children's (listed above) use of any and all equipment, services, or other facilities, owned and operated by AVSP. I assume all risk and shall not hold the Pavilion, management entity, employees, representatives, or agents liable for any loss, claim, injury, or damage sustained or incurred by my child/children (listed above). I agree to follow all KidZone Rules and Regulations.

Parent's Signature

Date