

# Black Friday “Drop-N-Shop”

## Friday, November 26 8am-12pm

### Registration Form

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

| <u>Child's Name</u> | <u>Age</u> | <u>Shoe Size</u> | <u>Bumpers</u> | <u>Lunch Choice</u>      |
|---------------------|------------|------------------|----------------|--------------------------|
|                     |            |                  | Yes or No      | ChFing Slice Burg HotDog |
|                     |            |                  | Yes or No      | ChFing Slice Burg HotDog |
|                     |            |                  | Yes or No      | ChFing Slice Burg HotDog |

# of Kids: \_\_\_\_\_ Amt. Owed: \_\_\_\_\_ Amt. Paid: \_\_\_\_\_  
 Would like to bowl with: \_\_\_\_\_  
 Special Needs or Instructions: \_\_\_\_\_

I, \_\_\_\_\_, parent of \_\_\_\_\_  
 In consideration of the babysitting services provided by Chacko's Family Bowling Center, Inc., hereby agree to waive all claims against Chacko's Family Bowling Center, Inc., and its agents, employees, representatives, officers, and directors (INDEMNITEES) for injuries or damages cause by, arising out of, or relating to my child's participation in the above referenced babysitting services, whether caused by, arising out of, or relating to negligence, misfeasance, or nonfeasance, whether sole or in combination with any other person or entity of INDEMNITEES.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you want your child/ren to participate in Chacko's Family Bowling Center Black Friday “Drop-N-Shop” babysitting services, please read the following rules, fill out this form entirely, sign the waiver, and return the completed information with payment to Chacko's Family Bowling Center.

- ➔ Chacko's Family Bowling Center “Drop-N-Shop” is available 8am-12pm on Friday, November 26, 2010 ONLY for children starting at age 3.
- ➔ Children are to be accompanied by an adult when they arrive/depart the facility. Our counselors would like to meet you.
- ➔ Please alert us on the form and in person if you child has a food allergy or medical issue.
- ➔ Please pick up your child promptly so as to be considerate to our counselors.

**\*\*\* For Staff Use Only \*\*\***

Payment Received: \_\_\_\_\_ (\$15 x # of children)  
 Date Received: \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 Waiver Signed and Completed: Yes No