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## Enrollment Form

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any notes or considerations for this child: \_\_\_\_\_

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### Release:

I hereby authorize my child's participation in the activities offered at Whippersnapper's Play Gym and hereby absolve and release Fun For All, LLC DBA Whippersnapper's Play Gym and its employees from any and all claims for injuries or damages that may be incurred by my child in the activities sponsored by Fun For All, LLC.

From time to time, we use the participants "likeness" in our brochure, website or other promotional materials. I hereby grant Fun For All, LLC and any third party authorized by Fun For All, LLC the rights without limitation or time or territory or of any nature to use; in whole or in part, the name, image, likeness, distinctive characteristics, now known or hereafter, of participants likeness.

I have read and understand the release and waiver of liability of Fun For All, LLC, DBA Whippersnapper's Play Gym.

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Parent Signature

Date