



Enrollment Form

Parent's Name _____ Date _____

Child's Name _____ DOB _____

Second Child's Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Cell# _____

First Class Preference _____

Second Class Preference _____

Visa/MC# _____ V-Code _____

Emergency Contact _____ Phone # _____

Physician's Name _____ Phone# _____

Email Address _____

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

RULES: Whippersnapper's Play Gym LLC requires that all children be escorted into and out of the play gym. Parent participation is required with all children under the age of three. Children may only participate in bare feet.

I have read and understand the rules and regulations of Whippersnapper's Play Gym LLC.

A non-refundable deposit of \$125 is necessary to reserve the date and time.

Parent Signature