



Registration Form

*Please complete this form and mail to
Reading Rookies, P.O. Box 1322, Deerfield, IL 60015*

Child's Name-Last _____ First _____ Boy or Girl (Circle)
Date of Birth _____ School _____ Grade _____ Age _____
Parent(s) Name _____ Email: _____
Home Address _____ City _____
Home Phone _____ Work Phone _____ Cell Phone _____
Emergency Name and Phone _____

My child's class meets at (*Location*) _____ on **M T W TH F**
Class Name: _____ **Reading Rookies** _____
Session Time: _____

PLEASE TELL US ABOUT YOUR CHILD- Feel free to elaborate on the backside of this form.

Allergies or Medical Restrictions: _____
Hobbies or interests: _____
Additional information: _____

How did you hear about Reading Rookies? (circle all that apply)

Friend Mailed Brochure Facebook/Computer Preschool Displayed Brochure Other

INSURANCE LIABILITY WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving, releasing and fully discharging Reading Rookies, LLC (Reading Rookies, LLC, is hereafter referred to as "Reading Rookies," and the term "Reading Rookies" includes all officers, directors, agents, and employees of Reading Rookies, LLC), from all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with, arising out of and associated with this program/activity. You recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, including, but not limited to, slipping, falling, premises defects and all other circumstances inherent to activities and programs; and you voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that your minor child/ward or you may sustain as a result of said participation. In the event of an emergency, you authorize Reading Rookies officials to secure from any licensed hospital physician and/or medical personnel treatment deemed necessary for you or your minor child's immediate care. Participants and parents/guardians of minor participants are solely responsible for any and all expenses associated with emergency medical treatment, including but not limited to, transportation services to the nearest available medical facility/provider or to an alternative medical facility/provider requested by the participant or parent/guardian. You further agree to waive and relinquish all claims you or your minor child/ward may have (or accrue to you or your child/ward) as a result of participating in this program/activity against Reading Rookies. You further recognize and acknowledge that Reading Rookies does not have its own liability insurance. You also agree to release, forever discharge, and agree to indemnify and hold harmless Reading Rookies from any and all injuries, losses, damages, claims, demands, or causes of action in any way connected with or related to the above-named child's participation in a Reading Rookies programs or any activities and/or services rendered by Reading Rookies. If a class cannot be held for reasons outside Reading Rookies' control, Reading Rookies cannot guarantee the canceled class will be made up or rescheduled. If a class is canceled under such circumstances, Reading Rookies will not be in a position to refund payment.

I have read and fully understand the above important information, assumption of risk, insurance liability waiver and release of all claims and indemnification.

Signature (of Parent or Legal Guardian), on behalf of self and each minor)

Date

Printed Name of Person Signing