

Controlled-Kaos Family Entertainment

Camp Participant Registration and Release Form

Registration:

Registration and payment for the Controlled-Kaos Camp Program must be completed and submitted to the front desk of Controlled-Kaos. Full payment is required at the time of registration.

Age Guidelines:

The Controlled-Kaos Camp Program is for children ages 6 & older and no exceptions will be made.

Hours of Operation:

The Controlled-Kaos Camp Program hours are Monday-Friday 8:00 am-5:30 pm. Please do not drop off your child prior to 2:30 pm.

Drop-Off and Pick-up:

Children can arrive any time after 8:00 am and must be picked up by 5:30 pm.

Late Pick-Up Policy:

There will be a late fee assessed for children who are picked up after 5:30 pm. The late fee is \$1.00 for each minute past 5:45 pm. Repeated late pick-ups will result in the removal of the participant from the program.

Medical Needs/Allergies:

Controlled-Kaos staff are not permitted to administer medication to program participants. In the event of a medical emergency, Controlled-Kaos will administer first aid, CPR, and rescue in the best interest of the child. Parents will be contacted if care is administered. Allergy medications may be administered if directed in writing by the child's parent/guardian.

Dress Code:

Children should dress appropriately for the activities provided at Controlled-Kaos. Socks are required for the bounce house area.

Personal Belongings:

Please put the child's name on any snack bags you provide your child. Children will be responsible for their belongings. A limited number of lockers are available for rent. **CONTROLLED-KAOS DOES NOT PROVIDE FOOD OR DRINK TO PROGRAM PARTICIPANTS**

Waivers and Informed Consent:

By signing this form, I, as parent/guardian, permit the Controlled-Kaos to use pictures of my child(ren) as a program participant in promotional literature, videos, and the Controlled-Kaos website. I understand my child(ren)'s name(s) will not be published.

I, as parent/guardian of _____

("Child(ren)"), hereby assume all risks and hazards incidental to the conduct of the activities at Controlled-Kaos and transportation to and from the activities. My Child(ren) is/are fit for the program(s) in which I have enrolled him/her. I HERELY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS RELEASEES FROM EVERY CLAIM AND ANY LIABILITY THAT I OR MY CHILD MAY ALLEGE AGAINST RELEASEES (including reasonable legal fees and costs) AS A DIRECT OR INDIRECT RESULT OF INJURY OR DEATH TO ME OR MY CHILD(REN) BECAUSE OF MY CHILD(REN)'S PARTITIPATION IN ANY CONTROLLED-KAOS PROGRAMS, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASEES ON MY BEHALF OR ON BEHALF OF MY CHILD REGARDING ANY CLAIM ARISING FROM OR RELATED TO MY CHILD(REN)'S PARTICIPATION IN ANY CONTROLLED-KAOS PROGRAM(S).

I ACKNOWLEDGE THAT, BY SIGNING THIS DOCUMENT, I AM RELEASING CONTROLLED-KAOS, KIW ENTERPRISES AND THEIR REPRESENTATIVES, AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, SPONSORS, PROMOTERS, AND AFFILIATES (COLLECTIVELY "RELEASEES") FROM LIABILITY, AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS SIGN UP AND RELEASE FORM IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES IN WHICH MY CHILD(REN) ENGAGES DURING THE DROP OFF PROGRAM AT CONTROLLED-KAOS, REGARDLESS OF WHETHER SUCH ACTIVITY IS A PART OF A FORMAL PROGRAM. I HAVE READ THIS RELEASE CAREFULLY BEFORE SIGNING. I UNDERSTAND WHAT THIS RELEASE MEANS AND WHAT I AM AGREEING TO BY SIGNING.

I understand that no insurance coverage for participants in these activities is provided by Controlled-Kaos..

Signature: _____ Date: _____

Printed Name: _____

_____ Parent _____ Guardian

Name and age(s) of Participant(s) (print): _____

Parent/Guardian Email: _____

Complete Address: _____

Additional Persons Authorized to Pick up Child(ren): _____

Please fill out participant information on following page.

Drop Off Program Participant Registration Form

Participant #1 Information:

Full Name: _____ Nickname: _____ Male _____ Female _____

Participant Date of Birth: _____ Age: _____

Is this child allergic to anything? _____ If yes, explain: _____

Is this child currently taking medication? _____ If yes, explain: _____

Does this child have special needs*? _____ If yes, explain: _____

*Programs are provided for people of all abilities. If there is need for reasonable modification, please answer YES above and speak to a manager prior to drop off. Each request will be assessed in compliance with the ADA.

Participant #2 Information:

Full Name: _____ Nickname: _____ Male _____ Female _____

Participant Date of Birth: _____ Age during camp: _____

Is this child allergic to anything? _____ If yes, explain: _____

Is this child currently taking medication? _____ If yes, explain: _____

Does this child have special needs*? _____ If yes, explain: _____

*Programs are provided for people of all abilities. If there is need for reasonable modification, please answer YES above and speak to a manager prior to the start of the camp. Each request will be assessed in compliance with the ADA.

Participant #3 Information:

Full Name: _____ Nickname: _____ Male _____ Female _____

Participant Date of Birth: _____ Age during camp: _____

Is this child allergic to anything? _____ If yes, explain: _____

Is this child currently taking medication? _____ If yes, explain: _____

Does this child have special needs*? _____ If yes, explain: _____

*Programs are provided for people of all abilities. If there is need for reasonable modification, please answer YES above and speak to a manager prior to the start of the camp. Each request will be assessed in compliance with the ADA.

Parent/Guardian Name: _____ Phone number: _____

Alternate Contact: _____ Alternate Phone: _____