



# Ninja Parents Night Out Registration Form

Parent/Guardian Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Participant's Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
 Participant's Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
 Participant's Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
 Participant's Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

## Waiver Form

\*In consideration of my child being allowed to use the equipment belonging to the Jump Climb Extreme (JCX) and to participate in the activities provided by JCX, I, the undersigned, being the parent or guardian of this child(ren) hereby release, forever discharge and indemnify Jump Climb Extreme, its employees, officers, or agents and further covenant not to sue JCX, its employees, officers or agents for any injury sustained or damages incurred as a result of my child's use, misuse, or abuse of the equipment, and which result from causes beyond the control of and without the fault or negligence of Jump Climb Extreme, and its employees.

\*I am aware that unanticipated and unexpected events may occur while using recreational equipment, participating in, or during recreational activities that may result in injury to my child(ren). I hereby assume all risks or injury that may be sustained by my child(ren) in connection with the equipment or activities. I certify that my child(ren)'s use of the equipment and participation in the activities is voluntary.

\*I agree, that if my child(ren) does not listen to JCX staff, fights with other child/customers, JCX staff will contact me to pick up my child(ren) and no refund will be issued.

\*I have read and clearly understand the above statements.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please list any allergies, medications, medical conditions, restrictions or any necessary special accommodations which the staff should be aware of. Please note that the JCX staff is not trained to administer medications/medical equipment of any kind. Please speak with Roy Klein (240-215-0140) if you need further accommodations and we would be happy to assist you.**

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Emergency Contact Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
 Alternate Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Alternate's Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Is there anyone other than yourself authorized to pick up your children from Parents Night Out? Yes  No   
 If yes, please complete:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number \_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_