



# REGISTRATION FORM 2017/2018



Your cancelled check is verification of membership to The Seesaw Center. Checks will not be cashed until after 6/1/17. If further confirmation of membership is required, please include a self-addressed stamped envelope with your payment.

\_\_\_ \$85 Unlimited Membership    \_\_\_ Limited Family Budget (Please send me scholarship information)

MOTHER'S LAST NAME \_\_\_\_\_

MOTHER'S FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE NUMBER (\_\_\_\_) \_\_\_\_\_-\_\_\_\_      CELL PHONE NUMBER (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

LIST CHILDREN (Ages Birth through Kindergarten)     Please add me to the email list for Seesaw Center updates.

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

## WAIVER AND RELEASE FORM

The undersigned hereby acknowledges that the rules of **The Seesaw Center**, an indoor play facility operated by **The Seesaw Center, Inc.**, a Pennsylvania non-profit corporation, provide that all children who visit **The Seesaw Center** must be accompanied by a parent or guardian at all times, that the undersigned will be solely responsible for the safety and behavior of all children brought to **The Seesaw Center** by the undersigned and further acknowledges that the attendant on duty at **The Seesaw Center** has no responsibility for supervising or controlling the behavior of any child who visits **The Seesaw Center**.

In consideration of the use of **The Seesaw Center** by the undersigned, his or her children and quest, and intending to be legally bound hereby, the undersigned waives, releases and forever discharges **The Seesaw Center, Inc.**, its directors, officers, members, agents and employees, of and from any and all liability, causes of action, suits, proceedings, damages, judgments, claims, and demands whatsoever arising out of the use of **The Seesaw Center** by the undersigned, his or her children or guests.

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Make checks payable to:  
  
The Seesaw Center  
P.O. Box 10325  
Pittsburgh, PA 15234-0325

*The Seesaw Center, Inc., is exempt from the registration requirements of the Pennsylvania Solicitation of Funds for Charitable Purposes Act. For more information, contact The Seesaw Center.*

"Play is the highest form of research." ~ Albert Einstein

