



THE SEESAW CENTER REGISTRATION

2016/2017

One Day Membership

MOTHER'S LAST NAME _____

MOTHER'S FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER area code (____) _____ - _____ E-MAIL _____

LIST CHILDREN Ages Birth through Kindergarten

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 guest, 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 _____ # OF CHILDREN _____ x\$6 = _____

SIGNATURE _____ DATE _____ # OF CHILDREN _____ x\$6 = _____

SIGNATURE _____ DATE _____ # OF CHILDREN _____ x\$6 = _____

SIGNATURE _____ DATE _____ # OF CHILDREN _____ x\$6 = _____

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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