



St. Viator "Wiggles /Giggles" Contact and Insurance Information 2011-2012

Family Name: _____
Last First

Child(ren)'s Name and Age

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Address: _____

Preferred Phone: _____ Alternate Phone: _____

E-Mail Address: _____

I agree to the following condition:

Insurance coverage

_____ Through my own insurance, I have adequate coverage for any and all injuries. I also agree to notify the program supervisor should my coverage change at any time during the program.

Insurance Company: _____ Policy Number: _____

The "Wiggles and Giggles" program is intended to provide a safe and fun environment for kids and parents to play and explore new activities. Parents/guardian must accompany children.

I agree to provide the following Emergency and Health information:

Adult to contact/Relationship _____

Phone Number: _____

Alternate Number: _____

Special Health/Physical conditions, if any: _____

_____ If you or the above named individual cannot be reached, and in the judgment of the program Supervisor, immediate medical care is indicated: Do you authorize the program supervisor to summon emergency medical attention (911)? ____ Yes ____ No

Do you give permission for your child (ren) to be photographed for our website and/or print advertising of our Wiggles and Giggles Program? ____ Yes ____ No

Signature of Parent/Guardian: _____ Date: _____