



Crystal Children and Teacher Supply

# Chess Fun

## REGISTRATION FOR MONTHLY PASS

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

### PAYMENT:

\_\_\_\_ One Month @ \$18 Tues. & Fri. 5-7pm Sat. 10am-12am

\_\_\_\_ Individual Playtime @ \$4 Tues. & Fri. 5-7pm Sat. 10am-12am

\_\_\_\_ \$1 Equipment Rental

Total payment \$ \_\_\_\_\_ (Cash, Check, or C/C Type \_\_\_\_\_)

### **Waiver of Liability**

I, the undersigned, will not hold the staff of Crystals Children & Teacher Supply liable for injuries sustained by my child while on the premise nor will I hold the staff liable for my child leaving the premises Crystal Children & Teacher Supply.

### **Pick up Responsibility**

I understand that I am responsible to pick up my child no later than the dismissal time. In case of emergency that I run late, there will be a \$5 late pick up fee for the first 10 minutes, and \$3 for every 5 minutes thereafter.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_