



BULLIES, BEES, & BOYS

Registration/Participation Release and Consent Form

31 Stories, LLC- 2010 Summer Groups

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Phone: (404) 442-4440 - Website: www.31storiesllc.com
Email: jamierobinson@bellsouth.net

To Register, send the completed form to 31 Stories, LLC. We look forward to seeing you this summer.

NOTE: We accept checks, cash, or credit cards.

Child's Name: _____ Age & D.O.B: _____

Parent/Guardian: _____

Address: _____

Phone: (home/other): _____ Emergency #: (if different): _____

Email: _____

* Please provide your e-mail address, as reminder letters will be sent out by email only.

Name(s) of anyone authorized to pick up your child: _____

*Allergies/Special Needs: _____

Please help us give your child a positive group experience--let us know if there are any physical or emotional issues, or stressful situations at home. The information will be confidential and will only be used by our staff to better assist your child. If you prefer to speak to the group leader, indicate the best phone #/ time to reach you.

Group Dates: _____

Total Fee: \$125 + \$15 (supply fee) = **\$140**

Paid By: Credit Card (Type of card) _____ Check ___ Cash ___

Account Number: _____

Exp. Date: _____ Name on Card: _____

Signature: _____

***** When you register for a group you reserve a space in that group. Therefore, no refunds, credits or transfers can be issued after the first day of the group (unless the group is canceled). NOTE: Cost of group does not include lunch. Please make sure your child brings her own lunch for group each day.**

PERMISSION TO PARTICIPATE

I, the undersigned, consent for my minor child to participate in the Bullies, Bees and Boys group of 31 Stories, LLC. I understand that as part of the group, my child may be doing activities that require being outside, running, walking, and/or movement. In consideration of my child's participation in the program, I hereby agree to assume all the risks and hazards incidental to said participation and do further agree to release, absolve, indemnify and otherwise hold harmless 31 Stories LLC, its employees, administrators, agents and others who assist the above, for any loss, damages or personal injuries that said child may receive as a result of such participation. I hereby agree to waive all claims against 31 Stories LLC, its employees, administrators and agents.

MEDICAL CONSENT

I understand that there are some risks inherent in the activities that are included in the program, but willingly assume these risks in order to allow my child to participate and I give permission for any emergency medical care or treatment by a physician, surgeon, hospital, nurse, doctor's assistant, or medical care facility that may be required.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE INFORMATION AND AGREE TO ASSUME ALL RISKS.

Name of Participant

Signature of Parent/Guardian