



## Class Registration Form

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

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

Other Adult bringing child: \_\_\_\_\_

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

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

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about Away We Play? \_\_\_\_\_

Please print out, complete, and mail with payment to:

Away We Play, Ltd. 1332 W. Lake St. Chicago, IL 60607

For credit card payment; call 312-305-8218, 773-450-5811, or e-mail us for a secure link to PayPal.

Please fill in:

Session \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Age Group \_\_\_\_\_

Location \_\_\_\_\_ Amount Enclosed \_\_\_\_\_

**In consideration of being permitted to enter the facilities of Away We Play, Ltd. (AWP) and to participate in the programs described above, I hereby release and hold harmless AWP, its employees, directors, and officers, to the fullest extent by law, from all liability or responsibility to me or my child named above for any loss, costs, or damages, whether caused by the active or passive negligence of AWP or otherwise, on account of any illness or injury while I or my child named above is in the facilities of AWP or participating in any program of AWP.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

For questions please contact: [susan@awayweplaychicago.com](mailto:susan@awayweplaychicago.com) or [cara@awayweplaychicago.com](mailto:cara@awayweplaychicago.com)