

**SUPERPLAY USA all night Lock-in
Permission Slip and
Medical Treatment Authorization(ON LINE FORM)**

I hereby give permission for my child(ren) (names):

1 _____, 2 _____.

3 _____, 4 _____

to participate in the SUPERPLAY USA all night kids LOCK-IN.

In the event of injury, illness or emergency, I hereby authorize SUPERPLAY USA and or their agents and employees ("SUPERPLAY USA") to secure medical care and treatment for my child(ren), including, but not limited to an X-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and/or hospital care as deemed reasonably necessary for the safety and welfare of my child(ren). I agree to assume financial responsibility for any resulting medical charges.

Please circle A, B and/or C

- A. My child(ren) have no special problems or medical needs of which the staff should be aware.
- B. My child(ren) are in need of special care:

Medication: _____

Other: _____

C. Food or drink that my child(ren) should not receive: _____.

D. Any allergies: _____

I fully understand that my child(ren) are required to follow all rules and requirements governing conduct during the lock-in. Hereby acknowledge that if my child(ren) is/are determined to be in violation of these behavior standards, he/she will be sent home.

I, the undersigned, hereby agree to release, hold harmless, indemnify and waive all claims against SUPERPLAY USA, it's related companies and/or its agents and employees for any claims, lawsuit and/or demands in any way related to or arising from my child(ren)'s presence on the premises.

X _____ Date _____ Home Phone _____

Parental Consent Signature

Home Address: _____

E-mail: _____