

Child's Name _____



Learn Something New!

KIDS EMERGENCY RELEASE AND ACKNOWLEDGMENT FORM

Date Signed: _____
(obtain a new form after 1 year)

We appreciate the opportunity to provide a Sewing/Crafting experience for your child. Please note that this is a class area and not a child care or day care center. For the courtesy and welfare of your child and others, please review our rules, completely fill out and sign the registration form.

1. Each child must be registered by a parent/guardian.
2. Staff may not administer any medication to any child.
3. Children must be self-sufficiently toilet trained. No diapers or pull-ups.
4. If your child is sick on class day, please keep him/her home for the day. Every effort will be made to provide your child with the missed day's activities. If your child is sick for more than 2 days, please contact your store for reimbursement, or registration in another class.
5. The parent/guardian that registers the child **MUST** be the same parent/guardian that picks up the child. This is for your child's safety and protection.
6. Participation in Sewing/Crafting classes is at your own risk and liability. Jo-Ann Stores, Inc., their agents, employees, directors, officers, and shareholders cannot accept liability for any injury or damages that you or your child may suffer related to the class area. Any personal belongings, which enter the class area, are the responsibility of the parent/guardian.
7. If an emergency or illness occurs while in the class area, and the staff determines that the situation is life threatening or potentially hazardous to your child, your child's health, other children or any property, we may escort the child from the premises of the store. We may, at that time, request any personal, governmental or professional assistance which we deem necessary to protect the welfare of the child.

I have read, understand, and agree to abide by the rules stated above. I understand that my child is here at my own risk and liability. I agree that neither I nor my child will bring any claims of any kind or nature against Jo-Ann Stores, Inc., their agents, employees, directors, or shareholders as a result of injuries, illness, expenses, or damages that I or my child may suffer which are in any way related to use of the class area or any form or object of entertainment offered in the class area, whether such claims are known, unknown, or arise in the future.

Parent/Guardian Name _____ Phone # _____

Work Phone # _____ Cell Phone # _____

Alternate Contact Person _____ Phone # _____

Child's Name _____

Child's Physician _____ Phone # _____

Preferred Hospital _____ Phone # _____

Parent/Guardian Signature _____