Louisiana Athletic Club

CHILD CARE INFORMATION

Child's Name: _____
Last First MI Age

Mother's Name: _____
Last First MI

Father's Name: _____
Last First MI

Additional Pick-up Person: _____
Last First

Home Phone :(___)-_____ Work Phone: (___)-_____

Cell Phone: (___)-_____

Birthday: _____/___/____
M D Y

Comments (Allergies, Medications, Special Instructions):

_____

_____

_____

Waiver and Release: I understand that although Louisiana Athletic Club facilities, equipment, services and programs are designed to provide a safe level of beneficial exercise and enjoyment, There is an inherent risk that use of such facilities, equipment, services and programs may resulting injury to my child. Therefore, I agree to waive and release Louisiana Athletic Club of responsibility should my child be injured or become sick as a result of activity in the Louisiana Athletic Club.

Signature_____ Date_____