

Child's Class Information Form

Child's Name: _____

Address: _____

Phone Number: _____

Cell Phone: _____

Mother or Guardian's Name: _____

Mother or Guardian's Phone # if different: _____

Father's Name: _____

Father's phone # if different: _____

Individual authorized for pickup, if different from above (ID will be required): _____

Emergency Contacts
 Name: _____ Phone: _____
 Name: _____ Phone: _____

Food or other Allergies: _____

Medical Conditions: _____

Doctor's Name & Phone #: _____

Parent Signature: _____

Special Instructions: _____

Waiver

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHTS TO SUE.

PLEASE READ CAREFULLY:

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT. I understand that the Children's Program involves the use of various kids' fitness equipment, which involves the risk of injury. In return for GIANT permitting the minor child for whom I am legally responsible (the "Minor") to use this Community Center and to take part in any Children's Programs, hereby on behalf of the Minor and Myself:

1. FREELY ACCEPT AND ASSUME FULL RESPONSIBILITY for any injury to the Minor of damage to the property incurred while at the Community Center or Cooking School;
2. WAIVE ANY AND ALL CLAIMS the Minor or I have against the GIANT Community Center, and it's coordinator, managers, employees and representatives;
3. RELEASE the Releasees from LIABILITY for any injury or harm that the Minor may suffer as a result of his/her participation in any Children's Program, due to any cause INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY DUTY OF CARE AND/OR BREACH OF OCCUPIER'S LIABILITY ACT R.S.O. 1990 c.2 on the part of the Releasees; and
4. WILL HOLD HARMLESS AND INDEMNIFY the Releasees from all liability they may incur for any injury or damage which the Minor may cause to any other person and/or their property while at the GIANT Community Center/Cooking School.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT BEFORE SIGNING IT, AND AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH THE ADMINISTRATORS, PERSONAL REPRESENTATIVES AND ASSIGNS MAY HAVE AGAINST THE RELEASEES. THIS AGREEMENT MUST BE COMPLETED IN FULL, DATED, SIGNED, AND WITNESSED BEFORE A REGISTRATION MAY BE ISSUED AND THE MINOR PERMITTED TO PARTICIPATE IN ANY CHILDREN'S PROGRAMS.

Signature of Parent/Guardian: _____

Witness: _____

Child's Name/Age: _____

GIANT Super Food Store
 3301 Trindle Road Camp Hill, PA. 17011



the community center

Children's Policies and Procedures



GIANT
 Super Food Store

Welcome to The Community Center

Thank you for choosing The Community Center at GIANT for your family's learning needs. We value the opportunity to educate your children and to help them have fun in the process! The health and safety of your children is our foremost concern. Please complete the attached form to assist us with making your child's experience a positive one.



Food/Snack:

Only food items provided by GIANT'S Community Center Catering shall be permitted in The Community Center.

Illness Policy:

With no exception, children with the following symptoms will not be permitted to participate:

- fever
- diarrhea
- vomiting
- chronic cough
- discolored phlegm
- uncontrolled Asthma symptoms
- started a new antibiotic (within 4 days)



Age Requirements:

If a child is less than 6 years of age, parent or authorized guardian must remain in the room at all times.

Drop off:

Children must be signed in for each program by a parent or authorized guardian.

Pick up:

Children must be signed out for each program. Children must be picked up within 30 minutes of scheduled program conclusion by a parent or authorized guardian listed on the attached form. In the event that a child has not been picked up within 30 minutes of program conclusion, police will be contacted.

Parents are encouraged to take their child to the restroom immediately before their scheduled program. In the event that a child needs to use the restroom during the program, their parent or guardian will be paged via the store intercom system and asked to report to the classroom to assist the child.

Please indicate any special needs or concerns on the form attached. These policies have been implemented to ensure the comfort and safety of all who use our facilities.

Ask about birthday parties at The Cooking School!