



# ultimate AIR

T R A M P O L I N E P A R K

## AFTER SCHOOL PROGRAM

### SIGN-UP SHEET

**Please complete your online waiver before filling out this form!**

Child's First & Last Name: \_\_\_\_\_

Child's School: \_\_\_\_\_

Child's Grade & Teacher: \_\_\_\_\_

Parent/Guardian First & Last Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Name of who is picking up your child: \_\_\_\_\_

Emergency Contact (OTHER THAN PARENT/GUARDIAN): \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Does your child require an asthma inhaler, EpiPen, or any other medication while at Ultimate Air After School? \_\_\_\_\_

Does your child have any dietary restrictions or food related allergies?

\_\_\_\_\_

How did you hear about our program? \_\_\_\_\_