Bashas' Cub House Registration Form

Our Pledge to You: Bashas' is dedicated to great customer service. In consideration of your privacy, we promise to never release your name or address to another organization.

Parent or Guardian

Store Number

Thank You Card Number 4 - 9 -

Driver's License #

Last Name

First Name

MI

Alternate Parent or Guardian Name

Mailing Address

Phone # -

P.O. Box

Apt. #

City

State

Zip

Email Address

#1

#2

Emergency Contact Name

Emergency Contact Phone #

#1 Child Name — MM Day Year — Child Birthday — Current Age

#2 Child Name — MM Day Year — Child Birthday — Current Age

#3 Child Name — MM Day Year — Child Birthday — Current Age

#4 Child Name — MM Day Year — Child Birthday — Current Age

#5 Child Name — MM Day Year — Child Birthday — Current Age

Do any of your children have special needs? ❑ Yes ❑ No

Please explain: _____

When registering my child, I accept all responsibility for the safety of the child and agree to release Bashas' of liability and that Bashas' will be held harmless and free of any liability for any possible accident, injury or illness incurred while visiting Bashas' Cub House. I understand that my child is here at my own risk and agree that neither I nor my child will bring any claims of any kind of nature against Bashas' , its agents, employees, and director as a result of injuries, expenses or damages that Ior my child may suffer which are in any way related to the use of the play center or any form or object of entertainment offered in the play center. After reading the above information, please fill out the registration information and give it to Bashas' Cub house Staff.

Parent/Guardian Signature **(Please Sign)**

Parent/Guardian Print **(Please Print)**

Date

Form 262
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