

REST RESET & EXPLORE CENTER

ONE-TIME FAMILY REGISTRATION | Move at your own pace.

PARENT / LEGAL GUARDIAN INFORMATION

Full name _____ Date of birth (MM/DD/YYYY) _____

Email address _____ Phone number _____

CHILDREN IN THE FAMILY (UP TO FIVE)

Child name	Date of birth (MM/DD/YYYY)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

ALLERGIES / IMPORTANT SAFETY INFORMATION

List any allergies for family members and the person affected. Write "None" if none:

PARTICIPATION & LIABILITY ACKNOWLEDGMENT

I understand that participation in RREC activities is voluntary and may involve ordinary risks of play, movement, art materials, and food. I agree to supervise the children in my care, consider their allergies and abilities, and follow staff safety instructions. I acknowledge these responsibilities; this statement does not waive rights that cannot legally be waived.

PHOTO / VIDEO PERMISSION (CHOOSE ONE)

☐ YES — RREC may use identifiable family photos/videos for promotion.

☐ NO — I do not authorize promotional use of identifiable family photos/videos.

Declining photo permission will not affect participation. Permission may be withdrawn for future uses.

PARENT / LEGAL GUARDIAN SIGNATURE

Signature _____ Date _____

One form per family. Keep completed forms in a secure, access-controlled file.

Staff use: Family folder / filing name: _____