



## St. Viator "Wiggles /Giggles" Insurance Information 2015-2016

Family Name: \_\_\_\_\_  
Last First

Child (ren) Name and Age

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**I agree to the following condition:**

Insurance coverage

\_\_\_\_\_ Through my own insurance, I have adequate coverage for any and all injuries. I also agree to notify the program supervisor should my coverage change at any time during the program.

**Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**The "Wiggles and Giggles" program is intended to provide a safe and fun environment for kids and parents to play and explore new activities. Parents/guardian must accompany children.**

I agree to provide the following Emergency and Health information:

Adult to contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Special Health/Physical conditions, if any: \_\_\_\_\_

If you or the above named individual cannot be reached, and in the judgment of the program Supervisor, immediate medical care is indicated: Do you authorize the program supervisor to summon emergency medical attention (911)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you give permission for your child (ren) to be photographed for our website and/or print advertising of our Primary Gym Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_