

Please return to: Ian Phillip 1900 Northstar Way #106 San Marcos, CA 92078

San Marcos, CA 92078	
Session one: 9/19, 9/26, 10/3, 10/10	
Session two: 10/17, 10/24, 11/7, 11/14	Session five: 2/27, 3/5, 3/12, 3/19
Session three (\$75) 11/28, 12/5, 12/12	Session six: 3/26, 4/2, 4/16, 4/23
Session four: 1/23, 1/30, 2/6, 2/13	Session seven: 4/30, 5/7, 5/14, 5/21
Child Name(s)	Grade:
Allergies/Conditions/Medications:	
DevelNesses	
Parent Names	
Address CityState_ Home Phone	
UilyState	ZIP
F mail address	Cell
E-mail address	
TIME: Mondays, 3:15-4:30 FEE: \$100 per 4-week session, (Please bring Checks Each 75 minute session will cover physical sk	s to: Ian Phillip
necessary to enjoy the school playground envinterest or need here:	
RELEASE I	FROM LIABILITY
activities. I am voluntarily authorizing my child's particle danger involved, and hereby agree to accept any activities. As consideration for being permitted by individually and on behalf of my minor child as we legal representatives, will not make any claim aga any of its instructors, agents or representatives for other acts, however caused as a result of my child Playground Pros, as well as its agents, instructors	rmed in Playground Pros are potentially hazardous articipation in these activities with knowledge of the and all risks of injury or death arising from these Playground Pros to participate, I hereby agree that I, ell as our assignees, heirs, distributes, guardians and ainst, sue or attach the property of Playground Pros or r injury, damage or death resulting from negligence or d's participation in Playground Pros. I hereby release and representatives, from all legal actions, claims or injury or damage resulting from my child's participation

____ DATE ____

in said activities.

PARENT SIGNATURE_____