

SUPER SITTERS INC. CHILDCARE REGISTRATION FORM

Fill out form and send it to info@supersitterinc.com. If you have any questions please call 407-382-2558.

Date _____ Event _____
Parent Last Name (please print) _____ Parent First Name (please print) _____
Parent Cell Phone _____ E-Mail _____
Emergency Contact _____ Telephone _____

Child Information

Name _____ Age _____
Dietary Needs/Eating Instructions _____ Bottle or Breast Fed _____
Allergies _____
Is Your Child Taking Any Medication? Please specify _____
Does your child(ren) have any special needs the sitter needs to be aware of? Please be specific. _____

Name _____ Age _____
Dietary Needs/Eating Instructions _____ Bottle or Breast Fed _____
Allergies _____
Is Your Child Taking Any Medication? Please specify _____
Does your child(ren) have any special needs the sitter needs to be aware of? Please be specific. _____

Name _____ Age _____
Dietary Needs/Eating Instructions _____ Bottle or Breast Fed _____
Allergies _____
Is Your Child Taking Any Medication? Please specify _____
Does your child(ren) have any special needs the sitter needs to be aware of? Please be specific. _____

I the undersigned adult agree to place my child/children or ward in the Super Sitters Inc. childcare program. For myself, my child/children or ward we hereby release and agree to indemnify and hold harmless Super Sitters Inc., and their respective officers, directors, agents, employees, assigns, contract laborers, and vendors and the owners and/or lessors of the facility or facilities where the childcare will be held (collectively "The Releasees") from any and all claims which may now or hereafter arise from my child/children's or ward's participation in the Super Sitters Inc. childcare program. We do not release claims arising from Releasees from any willful misconduct or gross negligence.

I have read the above and understand this release. Furthermore, in the event of an emergency or health concern, Super Sitters, Inc. has my permission to administer first aid and or obtain emergency medical treatment for my child/children or ward. I agree to pay all expenses incurred due to an emergency involving my child/children or ward. By attending Premiere Orlando 2021, you voluntarily assume all risks related to exposure to COVID-19 and other illnesses or injuries.

Parents Signature _____ Date _____