

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 I or 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 _____