

**Registration Form**

**Totally You 2: You Are Beautiful luncheon**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please initial on the line next to each statement. Your initials indicate that you have read and understand each statement.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon notification.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_I understand that Totally You for Women, Inc. is not responsible for personal property lost, stolen or broken while participating in the program. My child is responsible for all of his/her belongings.  
**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**I understand that Totally You for Women, Inc. is not responsible for anything that occurs as a result of false or incomplete information given by a parent/guardian.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**I understand that any medical expenses resulting from any illness or injury incurred while attending the Totally You for Women, Inc. program is my responsibility. Totally You for Women, Inc. assumes no responsibility for injuries or illnesses which may occur as a result of a child’s physical condition or resulting from his/her participation in the Totally You program.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**I acknowledge on behalf of myself and my heirs that I assume the risk for any injuries or illnesses, which may result from Totally You for Women, Inc. program activities. I hereby release and discharge Totally You for Women, Inc., its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage, which my child may suffer as a result of his/her participation.

I, the above named, do hereby give permission to Totally You for Women, Inc. to photograph (above named child) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for publicity purposes. I understand the photos may be used in a variety of ways to promote Totally You and will be the property of Totally You for Women Inc. Totally You for Women, Inc. has permission to use the child’s name and information, and photograph.

Please list any medical conditions or food allergies below; if none please indicate "N/A"

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PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_