

The M.A.C. Birthday Party Registration Form

Please fill out and bring with you when dropping your child off at The M.A.C.

Child(s) Name:

Age(s):

Parent(s) Name:

Member Y/N

Phone #'s: _____

In case of an emergency please call:

Phone #:

I fully understand and agree that in participating in the party activities or using one of the facilities that shall be maintained by The M.A.C., there is the possibility of accidental or physical injury. I agree that I assume the risk of such injury to myself and/or my child(ren) and further agree to indemnify The M.A.C. from any and all liability attributable to The M.A.C. by the undersigned as offered by the Midwest Athletic Club.

Parent's Signature

Date