

# LITTLE PICKLES PLAY CAFE

## SIGN-IN & PARENTAL AGREEMENT FORM

Session Date: \_\_\_\_\_  
Session Time: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

### **Child Name(s) & Age(s):**

Name	Age

Emergency Contact (if different): \_\_\_\_\_

### **IMPORTANT – PLEASE READ AND SIGN**

I confirm that I am responsible for the supervision of the child(ren) named above at all times.  
I understand that Little Pickles Play Cafe operates a parent-supervised play environment and does not provide childcare.  
I agree to follow all rules and safety guidelines displayed on the premises.  
I acknowledge that children use the play equipment at their own risk.  
I understand that Little Pickles Play Cafe accepts no liability for injuries resulting from misuse of equipment or failure to follow the rules.

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

For Staff Use (Notes / Incidents): \_\_\_\_\_