



We'll handle the kid stuff.

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Hello ASPS Parents!

Thank you very much for your interest in the American Society of Plastic Surgeons Kid Zone. Our goal is to provide your children with a program they want to attend, while providing you with that critical "peace of mind" feeling so you can attend your event activities.

KiddieCorp is pleased to provide a children's program during the 2021 Meeting. KiddieCorp is in its thirty-fifth year of providing high quality children's programs and youth services to conventions, trade shows and special events. We take caring for your children very seriously. KiddieCorp has enjoyed a long-time partnership with the American Academy of Pediatrics, which has helped to establish KiddieCorp as a premier provider of event children's program services.

ACTIVITIES

Activities include exciting themes, arts & crafts, group games, music & movement, board games, story time, dramatic play, etc. We provide activities appropriate for each age group, using safe, sturdy equipment that you can feel comfortable with. Children can make their own choices within KiddieCorp's program.

COMMITMENT

Our goal is to provide your children with a comfortable, safe, and happy experience. Our staff to child ratios are high to ensure that every child feels special (1:2 for children ages 6 months through 11 months old; 1:3 for children ages 1 through 2 years old; 1:5 for children ages 3 through 5 years old; 1:7 for children ages 6 through 12 years old). KiddieCorp team members are selected according to their integrity, experience, education, and enthusiasm. They must be wonderful with kids! You will feel extra secure knowing that the KiddieCorp team is bonded and that we carry ample liability insurance.

WHERE, WHEN, FOR WHOM

The ASPS Kid Zone is open to all children of registered spouse/guests ages 6 months through 12 years old. Pickup and drop-off will take place at the Omni Atlanta Hotel. Snacks and water will be provided, and meals need to be supplied by parents or purchased when checking in your child each day.

REGISTRATION

See the attached registration and consent form for event information. **The advance registration deadline is October 1, 2021** must receive both the registration form and payment in full to hold reservations. Although every effort will be made to accommodate on-site registrations, there is no guarantee, and it is not recommended.

NEED MORE INFORMATION?

KiddieCorp is always available to answer any questions. Feel free to contact KiddieCorp by phone at (858) 455-1718 or by e-mail at info@kiddiecorp.com. **You can also register on-line at <https://www.jotform.com/KiddieCorp/aspskids>.**



CHILDREN'S PROGRAM REGISTRATION FORM
 - American Society of Plastic Surgeons • October 29 – November 1, 2021 -

Parent Info: Last Name _____ First Name _____

E-mail address: _____ Phone: (____) _____

The pre-registration deadline is October 1, 2021.

	Name(s)	Age(s)	Hours Needed
Friday, October 29 8:00am - 5:00pm	1 _____	_____	_____
	2 _____	_____	_____
	3 _____	_____	_____
Saturday, October 30 8:00am - 5:00pm	1 _____	_____	_____
	2 _____	_____	_____
	3 _____	_____	_____
Sunday, October 31 8:00am - 5:00pm	1 _____	_____	_____
	2 _____	_____	_____
	3 _____	_____	_____
Monday, November 1 8:00am - 5:00pm	1 _____	_____	_____
	2 _____	_____	_____
	3 _____	_____	_____

Check here if your child(ren) has any special needs under the Americans with Disabilities Act. We will contact you.

Payment in full is required to confirm your reservations. Although every effort will be made to accommodate late or on-site registrations, there is no guarantee that KiddieCorp can accept children unless they are pre-registered.

TOTAL FEE: Full Day: \$100.00 per child x _____ # of Children x _____ # of Days = \$ _____

Half Day: \$ 50.00 per child x _____ # of Children x _____ # of Days = \$ _____

Credit Card*: _____ **Exp.** ____/____ **VPN:** _____

Send completed forms & payment to:
 -US Dollars Only-

*Visa, MasterCard or American Express

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- KiddieCorp staff does not administer medication. To ensure a safe and fun-filled environment, any child who is ill will not be admitted to the children's program.
- Please label your child's belongings. We will maintain a lost and found, however, KiddieCorp does not accept responsibility for the loss or theft of any toy, book, or other personal items.
- For parents with infants, please bring diaper changing supplies, formula/baby food, and a change of clothes.
- Cancellation Policy: Cancellations must be made to KiddieCorp prior to October 1, 2021 for a full refund. Cancellations made after that date will be subject to a 50% cancellation fee. Once the program has begun, no refunds will be issued.

**American Society of Plastic Surgeons
CHILDREN'S PROGRAM CONSENT FORM**

- **Child(ren)'s first and last names:**

Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

- **Please list only those allowed to check-out the above child(ren) from the KiddieCorp children's program (please list first and last names; photo ID may be required when checking out children):**

Name _____ Relationship to child(ren) _____
Name _____ Relationship to child(ren) _____

- **Are any of your children allergic to anything (foods, etc.) or are any of your children taking medication? If yes, explain: (Note: KiddieCorp staff does not administer or assist in the administration of any medications.)**

- **Do any of your children have health limitations or special needs? Any birthmarks or injuries we should be aware of?**

We, the undersigned adults, agree to place our child or ward in the KiddieCorp children's program. For ourselves, our child/ward (or children/wards), and each of our respective heirs, assigns, and next of kin, we hereby release and agree to indemnify and hold harmless KiddieCorp, American Society of Plastic Surgeons and their respective officers, directors, agents, employees, assigns, vendors, and the owners and/or lessors of the facility or facilities where the program will be held (collectively "the Releasees"), from any and all claims which may now or hereafter arise from our child's/ward's (or children's/ward's) participation in the KiddieCorp program. We do not release claims arising from Releasees for any of their willful misconduct or gross negligence.

Photographs taken throughout the children's program may be used for promotion and/or publication by American Society of Plastic Surgeons and KiddieCorp, Inc.

We have read the above and understand this release. Furthermore, in the event of an emergency or health concern, KiddieCorp has our permission to administer first aid, contact our pediatrician, or obtain emergency medical treatment for our child. We agree to pay all expenses incurred due to an emergency involving our child.

Signature: _____ **Date:** _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) (____) _____

Cell #: (____) _____ E-mail: _____

Pediatrician's Name: _____ City: _____

Emergency Contact (Someone who is not at this location with you): _____

Emergency Contact Phone: (____) _____

We suggest you make a copy of your completed form as a reference. Confirmations will not be sent. KiddieCorp reserves the right to limit participation of any child whose presence or behavior may disrupt the program or endanger the health or safety of others.

KiddieCorp, Inc.
American Society of Plastic Surgeons

COMMUNICABLE DISEASE ASSUMPTION OF RISK AND RELEASE OF LIABILITY

This section is an acknowledgement and express assumption of risk and release of liability in any way related to me/my Child being exposed to or contracting COVID-19 (as defined by the World Health Organization) and any strains, variants, or mutations thereof, the coronavirus that causes COVID-19 and/or any other communicable and/or infectious diseases, viruses, bacteria or illnesses or the causes thereof (collectively, "**Communicable Disease**"), during or in connection with my/my Child's presence in and around the children's program. By being present in and around the children's program, I acknowledge and expressly assume the risk that I/my Child may be exposed to Communicable Disease. I expressly understand that the risks of exposure to Communicable Disease include contracting Communicable Disease and the associated dangers, medical complications (including death) and physical and mental injuries, both foreseen and unforeseen, that may result from contracting Communicable Disease. I further acknowledge and understand that my/my Child's interaction with KiddieCorp or Provider personnel, the children's program participants and any other individuals present in and around the children's program poses an elevated, inherent risk of being exposed to and contracting Communicable Disease, that it cannot be guaranteed that I/my Child will not be exposed to Communicable Disease, and that potential exposure to or contraction of Communicable Disease while being present in and around the children's program are risks that cannot be eliminated. If infected with Communicable Disease, I acknowledge and understand that I/my Child may subsequently infect others, even if I/my Child don't experience or display any symptoms.

In connection with the foregoing, I agree that I/my Child will not present in or around the children's program if, within the preceding fourteen (14) days, I/my Child (i) tested positive or presumptively positive for Communicable Disease or was identified as a potential carrier of Communicable Disease, (ii) experienced any symptoms commonly associated with Communicable Disease, including, without limitation, fever, cough, loss of sense of taste or smell, or shortness of breath; (iii) traveled to a country that is subject to a U.S. State Department Level 4 "Do Not Travel" Advisory or a CDC Level 3 Travel Health Notice (each, a "**Prohibited Country**"); (iv) was in direct contact with or the immediate vicinity of any person who is either confirmed or suspected of being infected with Communicable Disease or who has travelled to a Prohibited Country within fourteen (14) days preceding my/my Child's encounter with such person; and/or (v) have been advised, directly or indirectly, or pursuant to any local government recommendation or order, to quarantine or to otherwise avoid contact with individual outside my/my Child's household. I further agree that I/my Child will submit to any health screening and/or Communicable Disease testing that may be required as a condition of my/my Child's presence in or around the children's program.

TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, I HEREBY WAIVE, RELEASE, FOREVER DISCHARGE, AND COVENANT NOT TO SUE THE RELEASED PARTIES FOR, AND THE RELEASED PARTIES SHALL NOT BE RESPONSIBLE FOR, ANY CLAIM, LIABILITY OR DEMAND OF WHATEVER KIND OR NATURE, EITHER IN LAW OR IN EQUITY (INCLUDING, WITHOUT LIMITATION, FOR PERSONAL INJURY, DEATH OR PROPERTY DAMAGE) THAT MAY ARISE IN CONNECTION WITH, OR RELATE IN ANY WAY TO, EXPOSURE TO OR CONTRACTION OF COMMUNICABLE DISEASE BY ME/MY CHILD OR ANY OTHER INDIVIDUAL INFECTED BY ME/MY CHILD, INCLUDING, WITHOUT LIMITATION CLAIMS RESULTING FROM THE NEGLIGENCE OF THE RELEASED PARTIES AND/OR THE INHERENT RISKS ASSOCIATED WITH BEING PRESENT IN OR AROUND THE CHILDREN'S PROGRAM DURING A COMMUNICABLE DISEASE PANDEMIC.

Parent/Guardian Name: _____

Signature: _____

Date: _____