2008 CHILDREN'S PROGRAM INFORMATION, PREREGISTRATION, AND PARENT CONSENT FORM

Modern Language Association, 28–30 December 2008, Fairmont San Francisco, San Francisco

KiddieCorp will provide a professional children's program at the MLA Annual Convention. This prearranged children's program is designed for the MLA by KiddieCorp, whose expertise is on-site children's programs for major conventions. Care is open to infants and children from 6 months to 12 years of age.

The KiddieCorp team consists of bonded, qualified child care specialists who are carefully selected and trained. KiddieCorp features a custom program of developmental, educational, social, and creative activities. Age-appropriate activities include souvenir arts and crafts projects, toys, games, and entertainment. Lunch, nutritious snacks, and beverages will be provided. **Note**: Parents with infants should bring diapers and changing supplies, formula or baby food, and a change of clothes. **Please label all personal belongings.**

The children's program will be located in the Fairmont San Francisco, Mezzanine level**.** The center will be open on Sunday, 28 December, and Monday, 29 December, from 8:00 a.m. to 6:00 p.m., and then on Tuesday, 30 December, from 8:00 a.m. to 2:00 p.m. To register, please fill out the following form and either include credit card payment information or enclose a check or money order payable to the Modern Language Association of America. The cost for regular members is $45 per day for one child and $15 per child per day for each additional child; for graduate students, $25 per day for one child and $15 per child per day for each additional child.

Return the signed form and payment to the Modern Language Association Convention Office, 26 Broadway, 3rd floor, New York, NY 10004-1789, by **Friday, 5 December**. Any information you do not have at this time may be added when you bring your child to the children's program. **The fee will be nonrefundable after Wednesday, 10 December**. To ensure a safe and enjoyable environment, any child who is ill will not be admitted to the children's program (a refund will be given).

PLEASE SUBMIT THE PAYMENT PORTION WITH THE COMPLETED 2-PAGE PREREGISTRATION AND PARENT CONSENT FORM:

Payment type (circle one): Check Money Order Visa M/C Amex

Amount enclosed: $_____

Credit card number: _____ Exp. date:_____

Card holder's signature: _____

Card holder's name (printed): _____

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IMPORTANT NOTE: Both pages of this form must be completed and signed by a parent or legal guardian of any young person participating in the children's program and submitted along with complete payment. **PLEASE TYPE OR PRINT THE INFORMATION LEGIBLY**. **Keep a copy of this form for your records.**

		Children's Names	Ages	Lunch Provided by Hotel	Lunch Provided by Parent
28 December Sunday	**8:00 a.m.–12:00 noon**	_____	_____	❑	❑
		_____	_____	❑	❑
	12:00 noon–6:00 p.m.	_____	_____	❑	❑
		_____	_____	❑	❑
29 December Monday	**8:00 a.m.–12:00 noon**	_____	_____	❑	❑
		_____	_____	❑	❑
	12:00 noon–6:00 p.m.	_____	_____	❑	❑
		_____	_____	❑	❑
30 December Tuesday	**8:00 a.m.–2:00 p.m.**	_____	_____	❑	❑
		_____	_____	❑	❑

Child #1 Total # of days= _____ x $ _____(amt. per day) = $ _____

Child #2 Total # of days= _____ x $ _____(amt. per day) = $ _____

TOTAL = $ _____

Name of parent or guardian _____

Home address _____

City _____ State _____ Zip code _____

Home phone _____ Work phone _____

E-mail _____ Cell phone _____

San Francisco hotel _____ Phone _____

If you have an infant, is he or she potty trained? _____

Does your child have any health problems (including allergies) or other problems about which KiddieCorp should be aware? If so, please describe them below. (Specify type of medication, if necessary, although KiddieCorp does not administer medication.)

_____

_____

Please give the full name of anyone else (spouse, other relative, friend) authorized to pick up your child:

_____

San Francisco hotel _____ Phone _____

Name and phone number of a San Francisco physician or local contact in case of emergency (if known):

_____

See next page for consent information.

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PLEASE READ CAREFULLY AND SIGN

MODERN LANGUAGE ASSOCIATION

Release Agreement

I hereby grant permission for my child or children named on the prior page to fully participate in KiddieCorp's children's program provided by KiddieCorp on behalf of the Modern Language Association of America.

In consideration of my child's or children's participation in the KiddieCorp professional children's program ("KiddieCorp Program") at the MLA Annual Convention at the Fairmont San Francisco ("Fairmont"), I hereby, along with my administrators, executors, heirs, and assigns, understand and agree to the following:

1. I agree to release, acquit, and forever discharge the MLA and the Fairmont and its related entities, predecessors, successors, assigns, past and present officers, directors, managers, administrators, agents, employees, representatives, attorneys, insurers, and all persons acting under, through, or in concert with any of them from any and all claims, demands, actions, causes of action, liabilities, costs and expenses (including but not limited to attorneys' fees), losses, injuries, damages, and charges of whatsoever nature, whether to person or property, whether direct, consequential, or incidental, whether known or unknown, suspected or unsuspected, fixed or contingent, or whether filed or prosecuted that I may now have or that I may ever have against the MLA or the Fairmont arising out of or in any way related to my or my child's or children's participation in the KiddieCorp Program.

2. I understand that KiddieCorp and its staff are independent contractors and are not employees or agents of the MLA or the Fairmont. The KiddieCorp Program is subject to the terms and conditions specified by KiddieCorp. By utilizing the KiddieCorp Program, I agree that neither the MLA nor the Fairmont nor any employee or agent of the MLA or the Fairmont will be liable for any act or omission of KiddieCorp, nor will the MLA or the Fairmont or any of their employees or agents be liable for any accident, loss, injury, or damage to me or my child or children in connection with any of the services provided by KiddieCorp or the KiddieCorp Program.

3. I authorize KiddieCorp to seek emergency medical treatment for my child or children, and I will be responsible for expenses related to such treatment.

4. The laws of the State of New York will govern the interpretation of this agreement without giving effect to any conflict of law rules that may result in the application of the laws of any other jurisdiction.

I hereby certify that I am the parent or legal guardian of the named child or children and that I have read and understood the above agreement and agree to be bound by it.

_____
Print Name

_____
Signature

_____
Date