



We'll handle the kid stuff.

KiddieCorp National Headquarters  
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*Hello ASHP Parents!*

KiddieCorp is pleased to have partnered with the American Society of Health-System Pharmacists (ASHP) to provide a children's program during the 2019 ASHP Midyear Clinical Meeting and Exhibition. KiddieCorp is in its thirty-third 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 program is for children ages 6 months through 12 years old. The dates for the program are December 8-12, 2019 and will be located at the MGM Grand Hotel and Casino in Las Vegas, Nevada. Snacks and water will be provided and meals need to be supplied by parents.

### REGISTRATION

See the attached registration and consent form for event information. **The advance registration deadline is November 11, 2019.** Register early as availability is limited and handled on a first-come, first-served basis. KiddieCorp must receive both the registration/consent form and payment in full to hold reservations.

### 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/ashpkids>.



**CHILDREN'S PROGRAM REGISTRATION FORM**  
 - American Society of Health-System Pharmacists • December 8 – 12, 2019

Parent Info: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

The pre-registration deadline is November 11, 2019.

	Name(s)	Age(s)	Hours Needed
<b>Sunday, December 8</b>	1 _____	_____	_____
7:00am - 6:00pm	2 _____	_____	_____
	3 _____	_____	_____
<b>Monday, December 9</b>	1 _____	_____	_____
7:00am - 6:00pm	2 _____	_____	_____
	3 _____	_____	_____
<b>Tuesday, December 10</b>	1 _____	_____	_____
7:00am – 6:00pm	2 _____	_____	_____
	3 _____	_____	_____
<b>Wednesday, December 11</b>	1 _____	_____	_____
7:00am - 6:00pm	2 _____	_____	_____
	3 _____	_____	_____
<b>Thursday, December 12</b>	1 _____	_____	_____
7:00am - 3:30pm	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.

**TOTAL FEE:** \$10.00 per hour per child x \_\_\_\_\_ # of Children x \_\_\_\_\_ # of Hours = \$ \_\_\_\_\_

**Credit Card\*:** \_\_\_\_\_ **Exp.** \_\_\_\_/\_\_\_\_ **VPN:** \_\_\_\_\_

**Check:** Payable to KIDDIECORP

**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 November 11, 2019 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 Health-System Pharmacists  
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?**

\_\_\_\_\_

\_\_\_\_\_

I, the undersigned adult, agree to place my child or ward in the KiddieCorp children's program at the ASHP 2019 ASHP Midyear Clinical Meeting and Exhibition. For myself, my child/ward (or children/wards), and each of my respective heirs, assigns, and next of kin, I hereby release and agree to indemnify and hold harmless KiddieCorp, Inc., the American Society of Health-System Pharmacists, Inc., and their respective officers, directors, agents, employees, assigns, vendors, and the owners and/or lessors of the facility or facilities where the children's program will be held (collectively "the Releasees"), from any and all claims which may now or hereafter arise from my child's/ward's (or children's/ward's) participation in the KiddieCorp program. I do not release claims arising from Releasees for any of KiddieCorp's willful misconduct or gross negligence.

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home) (\_\_\_\_) \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ City: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**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.

## Release Form/Waiver

KiddieCorp will be photographing the ASHP children's program using traditional photography and video. Photography may be used by KiddieCorp and ASHP for promotional purposes. Please indicate below if you will allow KiddieCorp and ASHP to use images of your child(ren) or ward(s) in their promotional materials (i.e. company brochure, website, banners, and other promotional materials). As safety always comes first at KiddieCorp and ASHP, please rest assured that the identity of your child(ren) and/or ward(s) will not be released or identified in any way to the public. Images taken at this event will only be used by KiddieCorp and ASHP for the above-mentioned promotional purposes. Images will not be sold or released to any other company or any individual for any reason.

YES – I \_\_\_\_\_ give permission for KiddieCorp and ASHP to use images of my child(ren)/ward(s) in their promotional materials. I understand that no fee will be paid to me or my child(ren)/ward(s) for use of their image(s) now or in the future and release all rights to payment for these images.

NO – I \_\_\_\_\_ do not give permission for KiddieCorp and ASHP to use images of my child(ren)/ward(s) in their promotional materials. I understand that an image of my child may be taken solely related to internal purposes so that KiddieCorp and ASHP may identify my child(ren)/ward(s) to insure that they do not appear in any images used by KiddieCorp in their promotional materials.

\_\_\_\_\_  
(Signature) Dated: \_\_\_\_\_