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***Hello AACR Parents!***

Thank you very much for your interest in the American Association for Cancer Research children's program. 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 2022 AACR Annual Meeting. KiddieCorp is in its thirty-sixth 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 (1:7 for children ages 5 through 12 years old). KiddieCorp team members are selected according to their integrity, experience, education and enthusiasm. They must be wonderful with kids! In addition to our competitive and selective hiring process, KiddieCorp remains at the top of the industry by carrying ample liability insurance.

### **WHERE, WHEN, FOR WHOM**

The program is for children ages 5 through 12 years old. The dates for the program are April 8 - 13, 2022 and will be located at the New Orleans Ernest N. Morial Convention Center in New Orleans, Louisiana. 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 March 25, 2022.** Register early as availability is limited and handled on a first-come, first-served basis. KiddieCorp must receive the registration form 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](mailto:info@kiddiecorp.com). **You can also register on-line at <https://jotform.com/KiddieCorp/aacrkids>.**



# CHILDREN'S PROGRAM REGISTRATION FORM

- American Association for Cancer Research • April 8 – 13, 2022 -

Parent Info: Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

The pre-registration deadline is March 25, 2022.

	Name(s)	Age(s)	Hours Needed	# of Hours
<b>Friday, April 8</b>	1 _____	_____	_____	_____
2:30pm - 7:00pm	2 _____	_____	_____	_____
	3 _____	_____	_____	_____
<b>Saturday, April 9</b>	1 _____	_____	_____	_____
7:30am - 7:00pm	2 _____	_____	_____	_____
	3 _____	_____	_____	_____
<b>Sunday, April 10</b>	1 _____	_____	_____	_____
6:30am - 7:00pm	2 _____	_____	_____	_____
	3 _____	_____	_____	_____
<b>Monday, April 11</b>	1 _____	_____	_____	_____
6:30am - 7:00pm	2 _____	_____	_____	_____
	3 _____	_____	_____	_____
<b>Tuesday, April 12</b>	1 _____	_____	_____	_____
6:30am - 7:00pm	2 _____	_____	_____	_____
	3 _____	_____	_____	_____
<b>Wednesday, April 13</b>	1 _____	_____	_____	_____
6:30am - 1:30pm	2 _____	_____	_____	_____
	3 _____	_____	_____	_____

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

**There is no cost to utilize the children's program. To prevent overbooking, you will be required to provide a credit card number on a follow-up call that will be kept on file and will only be charged if you do not show up for your reserved days/hours and/or if you cancel your reserved days/hours after March 25, 2022. This is also the deadline date to confirm your registration hours. The cancellation fee is \$12 per hour, per child booked.**

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

- 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.
- There is no fee to utilize the program, however, we will require a valid credit card to keep on file when confirming your registration form over the phone. If your child does not show during their reserved time or cancellations are made after March 25, 2022, your credit card will be charged an hourly fee of \$12 per hour, per child for the time that they are not there. This is done to allow as many parents and children to use this service as possible.

# American Association for Cancer Research 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.)

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

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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 Association for Cancer Research, 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 from any of their willful misconduct or gross negligence.

Photographs taken throughout the children's program may be used for promotion and/or publication by the American Association for Cancer Research 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) (\_\_\_\_) \_\_\_\_\_ (work) (\_\_\_\_) \_\_\_\_\_

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

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

**Emergency Contact** (someone not at the 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.

## **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:** \_\_\_\_\_