Hello ASTRO Parents!

Thank you very much for your interest in the American Society for Radiation Oncology 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 ASTRO’s 60th Annual Meeting. KiddieCorp is in its thirty-second 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 and crafts, group games, music and 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 October 21-24, 2018, and will be located at the Henry B. Gonzalez Convention Center in San Antonio, Texas. Snacks and water will be provided. Meals will need to be supplied by parents each day.

Registration
See the attached registration and consent form for event information. The advance registration deadline is September 20, 2018. 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. Although every effort will be made to accommodate on-site registrations, there is no guarantee and it is not recommended. ASTRO reserves the right to cancel the children’s program due to lack of participation.

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.
SEND COMPLETED FORMS & PAYMENT TO:
KiddieCorp/ASTRO
4961 Complex Drive
San Diego, CA 92123
Fax: 1-858-455-5841 (credit card payment only)

*Visa, MasterCard or American Express

TOTAL FEE: $15.00 per hour per child x _____ # of Children x _____ # of Hours = $__________

Check: Payable to KIDDIECORP

The preregistration deadline is September 20, 2018.

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☐ 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 preregistered.

ASTRO reserves the right to cancel the children’s program due to lack of participation.
American Society for Radiation Oncology
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, dietary restrictions 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, which we understand is an independent service provider not affiliated with the American Society for Radiation Oncology (ASTRO). We also understand that due to the nature of the services and location, this program is not licensed. 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, ASTRO, 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 Releases”), from any and all claims which may now or hereafter arise from our child’s/ward’s (or children’s/ward’s) participation in this KiddieCorp program. We do not release claims arising from KiddieCorp or its employees 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 for Radiation Oncology 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.

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.

Parent/Guardian Name: __________________________________________

Signature: __________________________________________ Date: ____________

Address: __________________________________________

City: ______________________ State: __________ Zip: __________

Phone: (home) ( ) (work) ( )

Cell/Page #: ( ) (Email) __________

Pediatrician’s Name: ______________________ City: ______________________

Emergency Contact (someone who is not at this location with you): ____________________________

Emergency Contact Phone #: ( )