



Child Enrollment Form Jr. Camp

Start Date: _____

YOUR CHILD'S INFORMATION:

Last Name: _____ First: _____ Middle: _____ Nickname: _____

Nickname/ Preferred: _____ Birth Date: _____ Gender: Male Female

Mother or Guardian 1: _____ Father or Guardian 2: _____

Relation to Child: _____ Relation to Child: _____

Date of Birth: _____ Date of Birth: _____

Driver's License # & State: _____ Driver's License # & State: _____

E-Mail Address: _____ E-Mail Address: _____

Physical Address: _____ Physical Address: _____

City & Zip: _____ City & Zip: _____

Mailing Address: _____ Mailing Address: _____

City & Zip: _____ City & Zip: _____

Cell #: _____ Cell #: _____

Cell phone provider: _____ (for texts) Cell phone provider: _____

Home #: _____ Home #: _____

Place of Employment: _____ Place of Employment: _____

Work#: _____ Work #: _____

During work hours please call me on my: Work Cell During work hours please call me on my: Work Cell

Parent's relationship: Married/Together Divorced/Separated Single

Child living with: Both parents Mom Dad Guardian

Below please list **at least one other person** who can assume responsibility for your child if Caughlin Club Kidz cannot contact you for an emergency and whom has your authorization to pick up your child from Caughlin Club Kidz when you are not available (I.D. required):

1. Last : _____ First: _____ Middle: _____ DOB: _____ Gender: Male Female
Home #: _____ Work #: _____ Cell #: _____ Relation to Child: _____

2. Last : _____ First: _____ Middle: _____ DOB: _____ Gender: Male Female
Home #: _____ Work #: _____ Cell #: _____ Relation to Child: _____

3. Last : _____ First: _____ Middle: _____ DOB: _____ Gender: Male Female
Home #: _____ Work #: _____ Cell #: _____ Relation to Child: _____

CHILD'S MEDICAL INFORMATION:

Does your child have ANY allergies? Yes _____ No _____ If yes, please list below.

Allergy:	Reaction:	Instructions for Staff:

Does your child take any routine medications? Yes _____ No _____ If yes, please list below.

Medication:	Dose:	Why?

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Insurance: _____ Policy #: _____

Are there any reason's to restrict your child from activities? Yes ____ No ____ If yes, please explain: _____

Are there any past or current medical conditions we should be aware of? Yes ____ No ____ If yes, please explain: _____

I certify that _____ is physically sound and free from infection or disease that would pose a direct threat to the health and safety of others in this program.

I authorize and instruct Caughlin Club Kidz personnel to take my child to a licensed physician or to emergency medical services or to obtain emergency medical treatment for my son/daughter, _____ as is deemed necessary. I further authorize and instruct school officials to consent to any necessary x-ray examination, anesthetic, medical or surgical diagnosis or treatment and/or other hospital care.

If a physician or hospital services are needed, I request that the following be contacted, if at all possible:

Physician: _____ Phone #: _____

Hospital Preference: ____ St. Mary's ____ Renown Medical ____ Northern Nevada

Print name of Parent /Guardian

Parent/Guardian Signature

Date

Caughlin Club Kidz has my permission to: (Please INITIAL each line)

- ____ To photograph my child on special occasions in the school setting. Photos will be posted in your child's Preschool classroom and also put in the children's portfolios.
- ____ To administer sun block to my child as needed. (Every parent is **REQUIRED** to buy one **SPRAY** can of Coppertone waterBABIES SPF 50 per season).
- ____ To administer prescribed medication as needed per my request and signature along with a doctor's note or prescription. (Make sure to fill out an authorization to apply form & have your doctor sign it also.)
- ____ I understand by filling this form out and signing below, I am responsible for all tuition and other fees accompanied by the use of the childcare facility (meal cards, late fees, drop-in fees, tuition, etc.). I understand by being the above child's Parent/Legal Guardian that also makes me responsible for all accrued costs.

GENERAL RELEASE OF LIABILITY:

By signing below, all of the above information is true to my knowledge and I will keep all of this information up to date with Caughlin Club Kidz. I, Mr./Mrs. _____, of _____ County, Nevada, the parent or guardian of _____, our minor child do hereby release for and behalf of ourselves and our minor child, Caughlin Club Management Partners, LLC DBA CAUGHLIN CLUB KIDZ and CAUGHLIN ATHLETIC CLUB, 4100 Caughlin Parkway, Reno , Nevada, all owners and employees of Caughlin Club Kidz or Caughlin Athletic Club for any and all damages and/or personal injury that may occur in and from any connection with such Caughlin Club Kidz/Caughlin Athletic Club sponsored activity. This is a full release of any and all claims given in consideration for Caughlin Club, owners and employees sponsoring the under signed have read this release, understand its terms and hereby execute it voluntarily and with full knowledge and understanding of its significance.

Print name of Parent /Guardian

Parent/Guardian Signature

Date

PERMISSION TO PHOTOGRAPH AND VIDEO (Social media)

I, _____ hereby authorize Caughlin Club Kidz and Caughlin Club Adventure Camp Program to photograph or video my child (ren) _____ in the school setting. Photos and videos may be

posted at Caughlin Club Kidz, Jr. Camp & Adventure Summer Camp Programs, public Newsletters, Caughlin Club Kidz Facebook page and Website; www.caughlinkidz.com. It may also be used for any advertising purposes. Photos will not be sold or given to any private or public party. (Parents can request a copy at no charge.)

Print name of Parent /Guardian 1 Parent/Guardian 1 Signature Date

WALKING FIELD TRIP PERMISSION

I, _____, give my permission to Caughlin Club Kidz to take my child(ren) _____, to and from the facility Caughlin Club Kidz @ 4100 Caughlin Parkway, Reno, Nevada to the various walking field trip locations (Yogurt Beach, Nature Walks, Field Days, Gym, Tennis, etc.). I understand that details of each field trip will be on the camp registration form for each individual camp.

Print name of Parent /Guardian Parent/Guardian Signature Date

POLICIES AND PROCEDURES

I, _____ have received a copy of the Parent Handbook (15 pages) with all of the Policies and Procedures in it. I fully understand it and agree to abide by all of the rules and regulations set forth in it.

Print name of Parent /Guardian Parent/Guardian Signature Date

Termination of CHILDCARE

If you are terminating your child's enrollment from Caughlin Club Kidz you MUST give a FULL 30-day WRITTEN notice. If you do not give a written notice you will still be held responsible for paying 30-days after the last day of attendance, including any late fees.

Print name of Parent /Guardian Parent/Guardian Signature Date

**WAIVER AND RELEASE OF LIABILITY
AND HOLD HARMLESS AGREEMENT
FOR PRIVATE TRANSPORTATION OR SUPERVISION OF MINOR**

(Caughlin Club Kidz staff members babysitting your child outside of our business and operation hours)

Description of Activity:

Transporting Child by automobile or Caregiving Activities by any CAUGHLIN CLUB MANAGEMENT PARTNERS, LLC DBA: CAUGHLIN KIDZ Employee outside of the scope of their employment with CAUGHLIN CLUB MANAGEMENT PARTNERS.

It is understood this Waiver and Release and Hold Harmless Agreement relates to a private arrangement between the Employee and Parent related to transportation and/or caretaking activities. CAUGHLIN CLUB MANAGEMENT PARTNERS, LLC DBA: CAUGHLIN KIDZ ("CAC") is NOT party to the any Outside Services as defined below and receives NO monetary benefit.

Please read this form carefully and be aware in signing this waiver for your minor child/ward to be transported by automobile or to receive caretaking services through any agreement between you any employee of CAC including any activities associated therewith, you will be waiving your rights to all claims for injuries you and/or your minor child/ward might sustain arising out of such arrangements or agreements and you will be required to indemnify, release, hold harmless and defend CAC for any claims arising out of such activities.

AGREEMENT:

In consideration of my minor child/ward being allowed to be transported by automobile, watched over, tutored, cared for etc. and all activities connected or associated therewith by a CAC Employee outside the scope of services where CAC is being directly compensated ("Outside Services"), as the Parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury associated with these Outside Services and I agree to assume the full risk of injuries that may be sustained by any minor child/ward of mine, as a result of such Outside Services / arrangements and all activities connected or associated therewith.

I agree to waive and relinquish all claims on behalf of me and my minor child/ward that may arise against CAC or any CAC Employee as a result of any Outside Services.

I do hereby fully release and discharge CAC and its owners, officers, agents and employees from any and all claims from injuries, damage or loss which I, or any minor child/ward may have or which may occur to my minor child/ward on account of any Outside Services. I further agree to indemnify and hold harmless and defend CAUGHLIN CLUB MANAGEMENT PARTNERS, LLC DBA: CAUGHLIN KIDZ its officers, agents and employees from any and all claims sustained by me or my minor child/ward, and arising out of, connected with, or in any way associated with any Outside Services.

The invalidity or unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Agreement.

I have read and fully understand the above Waiver and Release of all claims.

Name(s) of Minor/s

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian Date

Date

