

KIDS CLUB PROGRAMS

CHILD PROFILE & EMERGENCY INFORMATION FORM

Please attach current photo of child to information sheet & specify program

Please circle: • Adventure Day Camp • Junior Adventure Camp • Teen Esteem Program
• Tuesday Tourdays • Afterschool Program • Kindergarten Program • Karate Class

School Attending: _____

LAST NAME _____ FIRST _____ BIRTHDATE _____

ADDRESS _____

CITY _____ ZIP _____ HOME PHONE _____

PARENT NAME _____ BUS. PHONE _____

PARENT NAME _____ BUS. PHONE _____

AUTHORIZED PERSONS and their PHONE NUMBERS permitted to CHECK OUT above child:

In case of emergency, and unavailable to reach parent, call _____

Name Phone

1. Child's current medical or physical conditions that Kids Club should be aware of:

2. Is your child on any medication? NO _____ YES _____ Name of medication and dosage:

4. List any allergies and/or history of contagious diseases: _____

5. Child's Physician's name _____ Phone Number _____

6. In case of an emergency, I authorize Kids Club to transport my child to a hospital if necessary.

Hospital Preference _____ Parent Signature _____

7. I anticipate using the program _____ days - Circle (week or month)

8. I give permission for my child to enjoy water play _____ (yes / no)

9. Name of Child _____

a. Has attended (name of school) _____ for _____ years

b. Classroom teacher for _____ school year _____ Grade _____

I understand that extensive measures will be taken to safeguard the health and safety of those children participating in the Kids Club Programs. I also authorize any medical or emergency attention, as needed for my child, under the direction of the Kids Club staff. Finally, I have read the Kids Club rules and procedures, and accept the parent and child responsibilities that Kids Club has put forth.

Parent Signature _____ Date _____

Email Address _____ Cell Phone _____

KIDS CLUB LEGAL NOTIFICATION HOLD HARMLESS AGREEMENT

I, the undersigned hereby release and discharge the Kids Club Program Employees from Liability arising out of or in connection with activities conducted in conjunction with the Kids Club program. I also understand that Kids Club provides no accident or medical coverage for children for the purposes of this agreement. Liability means all claims, demands, losses, causes of action, suits or judgements of any and every kind that I, my heirs, executors, administrators or assignees may have against Kids Club because of any death or personal injury or illness or because of any loss or damage to property that results from any cause other than the gross negligence of Kids Club services.

I have read the Kids Club Hold Harmless Agreement and I understand that KIDS CLUB PROVIDES NO MEDICAL OR ACCIDENT COVERAGE FOR CHILDREN.

Signature of Parent or Guardian: _____ Date: _____

KIDS CLUB REGISTRATION INFORMATION AND AGREEMENT

I, the undersigned, understand that Kids Club has taken extensive measures to provide and maintain a reasonable and flexible fee schedule called the Ticket System. The flexible ticket system allows you to bring your child any day of the week for full or half sessions. That way you only pay for the days your child is at the program. Kids Club tickets are non transferable and non refundable. so please plan ahead. Remember, tickets can be purchased daily. All tickets must be purchased in advance or at time of pick-up.

Notes _____ Total \$. _____

All checks should be made payable to "KIDS CLUB."

Prices are subject to change.

TO COMPLETE REGISTRATION, DELIVER, MAIL OR FAX THIS COMPLETED FORM TO THE FOLLOWING:

Kids Club, Monday through Friday, 7:00 am - 6:30 pm

Info Hotline: 818-591-CLUB

MAILING ADDRESS: KIDS CLUB 26500 West Agoura Road #530 • Calabasas, CA • 91302