

# Child Pre-Participation Form

Member

Non-member

How did you hear about us? \_\_\_\_\_

Camp/program name: \_\_\_\_\_ Date(s): \_\_\_\_\_

Is your child able to swim unattended in the deep end of the pool?  Yes  No

Child's name (one child per form): \_\_\_\_\_ Child's date of birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_ Identifying marks: \_\_\_\_\_

Child's address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Parent/guardian's name: \_\_\_\_\_ Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

## Individuals authorized to pick up child:

1. (Primary) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

2. (Secondary) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

## Individuals NOT authorized to pick up child:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Description: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Description: \_\_\_\_\_

Allergies (check all that apply):  None  Hay fever  Poison ivy  Insect sting

Food allergies:  Yes  No If yes, please specify: \_\_\_\_\_

Drug allergies:  Yes  No If yes, please specify: \_\_\_\_\_

Chronic or recurring illnesses (i.e., asthma, physical impairments, etc.): \_\_\_\_\_

Operations or serious injuries (dates): \_\_\_\_\_

Current medications: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Any specific activities to be encouraged/limited? \_\_\_\_\_

IMPORTANT: Please notify the Pavilion if this child is exposed to any communicable disease during the two weeks prior to participating in any program or any time during the program.

Child's primary care physician's name: \_\_\_\_\_

Child's primary care physician's office: \_\_\_\_\_ Office phone: \_\_\_\_\_

I am aware that individual or group publicity photos or videos may be taken from time to time, and in consideration for my child's participation, I hereby grant permission for my child's likeness to be used in publicity or advertising.

Accept  Decline

Assumption of the risk, release and waiver of liability:

The undersigned wishes to have his/her child participate in children programming activities at TriHealth Fitness & Health Pavilion (the Pavilion), including but not limited to the Kids' Life Center, climbing wall, camps and other special programming for children. By signing below, I acknowledge that I have read, understand and agree that there are certain risks to my child by participating in any children programming activities at the Pavilion, including but not limited to risks of harm and injury. I voluntarily assume any and all risks to my child. I also hereby release and hold harmless Bethesda Healthcare Inc., TriHealth, Inc., the Pavilion and their agents, employees and officers from and against all claims, damages and liability arising from or due to injury sustained by my child except for injury which might be due to the intentional or negligent acts of the Pavilion or its employees. It is also understood that Pavilion assumes no liability for lost, stolen, damaged or broken personal property.

I acknowledge that I am signing this document freely and voluntarily and without any coercion or any influence of any kind. I acknowledge that there have been no promises, representations or inducements to signing the document.

This authorization will be good for 20 \_\_\_\_\_ (year)

Parent/legal guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

General information

Medical information

Photo release and waiver