



## School-Age Child Enrollment Form

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: _____ (for texts)
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

Program:  Leap Club: Before & After Program (Held above the gym)

School:  Caughlin       Roy Gomm       Jessie Beck       Other: \_\_\_\_\_

Grade: \_\_\_\_\_ Classroom: \_\_\_\_\_ Teacher: \_\_\_\_\_

\*Please make sure to fill out the Before & After School Registration form EVERY SCHOOL YEAR.

Adventure Camp (Held above the gym)

\*Please make sure to fill out the Registration form for EACH CAMP.

### Child's Schedule: Hours and Days of Operation: Monday - Friday, 7:00 a.m. to 6:00 p.m.

Schedule:  Mon-Fri       Drop-in ONLY       Other : \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
AM: Parent Drop off time:	_____	_____	_____	_____	_____
Take to school at:	_____	_____	_____	_____	_____
Pick up from school at:	_____	_____	_____	_____	_____
Parent Pick up time:	_____	_____	_____	_____	_____

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

1. Last : \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  Male  Female

I.D. #: \_\_\_\_\_ Email: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

2. Last : \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  Male  Female

I.D. #: \_\_\_\_\_ Email: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**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?

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 Adventure Club 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 Adventure Club and Caughlin Athletic Club have my permission to: (Please INITIAL each line)**

\_\_\_\_\_ To photograph my child on special occasions in the school setting. Photos and videos will be posted at the Preschool classroom.

\_\_\_\_\_ To administer sun block to my child as needed. (Sun block is to be provided by PARENT.)

\_\_\_\_\_ 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.)

\_\_\_\_\_ To take walking field trips around Caughlin ranch area.

\_\_\_\_\_ I understand by filling this form out and signing below, I, \_\_\_\_\_ and \_\_\_\_\_ are 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 Adventure Club. 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 Adventure Club, 4100 Caughlin Parkway,

Reno, Nevada, all owners and employees of Caughlin Adventure Club or Caughlin Athletic Club for any and all damages and/or personal injury that may occur in and from any connection with such Caughlin Adventure Club /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 1      Parent/Guardian 1 Signature      Date

\_\_\_\_\_  
Print name of Parent /Guardian 2      Parent/Guardian 2 Signature      Date

### **PERMISSION TO PHOTOGRAPH AND VIDEO**

I, \_\_\_\_\_ hereby authorize Caughlin Adventure Club Program to photograph or video my child \_\_\_\_\_ in the school setting. Photos and videos may be posted at Caughlin Adventure Camp Programs, public Newsletters, Caughlin Club Kidz Facebook page and Website; [www.caughlinkidz.com](http://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

### **FIELD TRIP PERMISSION**

I, \_\_\_\_\_, give my permission to Caughlin Adventure Club to transport my child(ren) \_\_\_\_\_, to and from the facility Caughlin Adventure Club @ 4100 Caughlin Parkway, Reno, Nevada 89519 to the various field trip locations and/or to and from school. I understand that details of each field trip will be announced for each individual field trip; day, time, items needed, etc.

\_\_\_\_\_  
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 1      Parent/Guardian 1 Signature      Date

\_\_\_\_\_  
Print name of Parent /Guardian 2      Parent/Guardian 2 Signature      Date

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

**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 ADVENTURE CLUB ("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 ADVENTURE CLUB 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