



School-Age Child Enrollment Form

Start Date: _____

YOUR CHILD'S INFORMATION:

Last Name: _____ First: _____ Middle: _____

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

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

Child living with: Both parents Mom Dad Guardian

Program: Before & After Program Camp

School: Caughlin Roy Gomm Jessie Beck Other: _____

Grade: _____ Classroom: _____ Teacher: _____

NOTE: You MUST fill out the Before & After School Registration form EVERY SCHOOL YEAR.

You MUST 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 : _____ (see below)

Hours each day:	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 Camp cannot contact you for an emergency and whom has your authorization to pick up your child from Caughlin Adventure Camp 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: _____

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?

Swimming: Please check one of the following based on your child's swimming skills (if your child cannot swim you MUST provide a life vest for them.)

- Does not know how to swim Moderate swimmer Excellent Swimmer

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 Camp 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 Camp and Caughlin Athletic Club has 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.

_____ To take walking field trips around Caughlin ranch area or to Yogurt Beach.

_____ 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 Camp. 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 Camp, 4100 Caughlin Parkway, Reno, Nevada, all owners and employees of Caughlin Adventure Camp 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 Camp /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 (FOR PUBLIC USE)

I, _____ hereby authorize Caughlin Adventure Camp Program to photograph or video my child (ren) _____ in the school setting. Photos and videos may be posted at Caughlin Adventure Camp Programs, public Newsletters, Caughlin Club Kidz Facebook page and Website; wwwcaughlinkidz.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 Signature Date

TRANSPORTATION/ FIELD TRIP PERMISSION

I, _____, give my permission to Caughlin Adventure Camp to transport my child(ren) _____, to and/or from the facility Caughlin Adventure Camp @ 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. I understand that my child must abide by all rules on the vans in order to have these services.

Van Transportation: Please check one of the following based on your child's needs:

- Needs a booster
- Does not need a booster

Print name of Parent /Guardian Parent/Guardian Signature Date

POLICIES AND PROCEDURES

I, _____ have received a copy of the Parent Handbook (9 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



**WAIVER AND RELEASE OF LIABILITY AGREEMENT FOR ALL FIELD TRIPS
Nevada**

READ CAREFULLY BEFORE SIGNING YOU ARE GIVING UP LEGAL RIGHTS

In consideration for and as an express condition for permission to enter any premises as a field trip with Caughlin Adventure Camp and all related ownership entities, and participation in any related activities at or around the facility (collectively, “activities”), the undersigned enters into an agreement with Caughlin Club Management Partners, LLC, a Nevada corporation, doing business as “Caughlin Athletic Club, Caughlin Adventure Camp, and agrees to the following:

CONSENT TO ASSUME RISKS, AWARENESS OF INHERENT RISKS, AND EXPRESS

ASSUMPTION OF RISK: I understand that anyone performing any activity on or even near a field trip can suffer bodily and other injuries. Most of the field trips are using things such as trampolines, bounce houses, roller skates, balls, running, etc. All of these can be powerful and potentially dangerous devices, areas, and their use is unpredictable by nature, as are the actions of other individuals who are using the facilities, in the presence of trampolines, bounce houses, roller skates, balls, running, etc., or participating in related activities. I know that injuries of all kinds, including personal injury, death, or serious disability, as well as damage, loss or theft of personal property, can occur without warning, either on or near trampolines, bounce houses, roller skates, balls, running, etc., or anywhere in these facilities. I also understand that trampolines, bounce houses, roller skates, balls, running, etc., even when properly inspected and maintained, may break or not function as expected, and always have the potential to cause injury. I also understand that jumping, climbing, laying or standing on or even being near a trampoline, or being anywhere near others who are on or near a trampolines, bounce houses, roller skates, balls, running, etc., can expose me to numerous hazards, including collisions with any number of injurious objects, including other participants, which is an essential part of these activities. I understand all these risks and dangers that are inherent in these activities, I consent to them, and **I agree to assume ALL of them**, on behalf of myself and/or my child(ren) whether listed on this agreement or not. I also understand that these are just some of the risks, and I consent and agree to assume others that are not specifically mentioned in this document. I am NOT relying on Caughlin Adventure Camp to list all possible risks related to these activities in this document, now or in the future. I agree that I and/or my child(ren) am voluntarily participating in the activities offered by Caughlin Adventure Camp including, but not limited to, the use of the equipment, facilities and the premises. Further, I have explained these risks to my child(ren).

WAIVER AND RELEASE OF LIABILITY: As lawful consideration for being allowed to engage in any of the aforementioned activities, now and in the future, I, on behalf of myself and my spouse, parents, heirs, representatives, assigns, minor child/children or legal wards, agree to each of the following:

- (a) I agree to assume full responsibility for any and all bodily injuries, damages or losses of any kind that I may sustain when engaging in the activities;
- (b) I agree that Caughlin Adventure Camp and its respective owners, directors, camp counselors, managers, employees, agents, heirs, family members, assigns, representatives, affiliated persons, volunteers, sponsors, groups and others acting on their behalf (hereafter referred to collectively as the “Releases”) shall not be liable for any losses, injuries, or damages that I (which includes the signer and signer’s minor child/children or legal wards) may sustain as a result of engaging in any of the activities; and

(c) I fully and forever release, waive, and discharge all claims, demands, damages, legal actions, causes of action, or rights of action (present or future) of any kind against the Releases whether the claims are known, unknown, anticipated or unanticipated, and whether caused by the Releases' ordinary negligence, any act or omission on the part of any Releases, or other cause arising out of my/our engaging in the activities at the Releases' facility at any time (hereinafter the "claims"). This Waiver and Release of Liability includes claims pertaining to any activities in and around the Releases' facility, including without limitation: the use of trampolines, bounce houses, roller skates, balls, running, etc. and any other equipment or activity on the premises; instruction or supervision by Releases; strenuous bodily movement; the use or misuse of the facility in any way by anyone; the use of any equipment that malfunctions or breaks; the improper maintenance of the facility, grounds, or any equipment; slipping, tripping and/or falling while in the facility or on the surrounding premises. This Release of Liability also expressly includes a release for any and all claims arising out of or under Nevada Law. The term "damages," as used in this document, means, for example, medical expenses, any and all claims or losses because of bodily injuries, mental/emotional injuries, or property damages, death, expenses, and/or personal property damages. This document is intended to apply and be binding regardless of whether I/we am/are participating in these activities, or in any sense near enough to be in any way effected by them.

CONSENT TO ARBITRATION: If there are any disputes regarding or arising under this agreement, I, on behalf of myself and/or my child, hereby waive any right that I and/or my child may have to a trial and agree that such dispute shall be brought within one year of the date of this agreement and will be determined by binding arbitration before one arbitrator to be administered by JAMS pursuant to its Comprehensive Arbitration Rules and Procedures and pursuant to Nevada law. I further agree that the arbitration will take place solely in the state of Nevada and that the substantive law of Nevada shall apply.

INDEMNITY AGREEMENT. To the fullest extent permitted by law, I also agree to indemnify and hold harmless Releases against and fully reimburse them for any and all claims, demands, actions, liabilities, losses, or suits that are brought against the Releases which are in any way connected with my/our participation in any of the aforementioned activities at any time, including claims that allege intentional or negligent acts or omissions of the Releases. This indemnification shall also include reimbursement of reasonable attorney fees incurred by the Releases or by others on their behalf. This Indemnity Agreement is made in accordance with Nevada law.

I further grant the Releases', the right to photograph, videotape, and/or record me and/or my child and to use my or my child name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation.

I agree that Nevada law applies to this document, and I agree that this document shall be enforced to the greatest extent permitted by law. If any clause conflicts with applicable law, only that clause will be null and void, but the remainder shall stay in full force and effect. This document can only be modified in writing and signed by me and Caughlin Adventure Camp. I agree to pay any attorney fees and costs for the Releases to enforce this Agreement, and I agree to indemnify and hold harmless the Releases for such fees and costs.

ALSO, I HEREBY REPRESENT:

- I AM AT OR OVER 18 YEARS OF AGE;
- I AM OF SOUND MIND AND AM NOT SUFFERING FROM SHOCK OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS THAT AFFECT MY ABILITY TO READ AND UNDERSTAND THIS DOCUMENT;
- I HAVE READ THIS ENTIRE DOCUMENT (ALL THREE PAGES), AND I FULLY UNDERSTAND IT;
- I HAVE BEEN GIVEN AN OPPORTUNITY TO DISCUSS THIS DOCUMENT AND ITS CONTENTS WITH MY LEGAL COUNSEL BEFORE SIGNING;
- I INTEND FOR THIS DOCUMENT TO BE VALID AND BINDING TODAY AND AT ALL TIMES IN THE FUTURE;

- BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT IF ANYONE IS HURT OR PROPERTY DAMAGED BY MY PARTICIPATION AND/OR THAT OF MY MINOR CHILD/CHILDREN IN ANY OF THE ACTIVITIES, I MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED MY RIGHT TO BRING A LAWSUIT AGAINST ANY OR ALL OF THE RELEASED PARTIES; AND
- ALL OF THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND ACCURATE

MUST BE SIGNED BY PARTICIPANT IF OVER THE AGE OF 18 OR A PARENT OR LEGAL GUARDIAN OF MINOR PARTICIPANT.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS CONSENT TO ASSUME RISKS, AWARENESS OF INHERENT RISKS, AND EXPRESS ASSUMPTION OF RISK WAIVER AND RELEASE OF LIABILITY, CONSENT TO ARBITRATION AND INDEMNITY AGREEMENT, AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY AND A WAIVER OF ANY RIGHT THAT I MAY HAVE ON BEHALF OF MYSELF AND OR MY CHILD(REN) TO BRING ALLEGATION OR ASSERT A CLAIM FOR INJURY OR LOSS OF ANY KIND AGAINST CAUGHLIN ADVENTURE CAMP. SHOULD ANY CLAIM BE MADE, I UNDERSTAND AND AGREE THAT WILL BE RESPONSIBLE FOR ALL ATTORNEYS FEES AND DEFENSE COSTS INCURRED BY THE COMPANY IN CONNECTION WITH OF IN THE DEFENSE OF THAT CLAIM.

Child's Name: _____ Child's DOB: _____

Child's Name: _____ Child's D.O.B: _____

Child's Name: _____ Child's D.O.B: _____

Parent Signature

Parent Printed Name

Date

Caughlin Adventure Camp Parent Handbook Agreement

This parent handbook consists of 8 pages including this one. Please make sure you read and understand ALL of it. If you have questions please feel free to see the Director regarding any comments or concerns.

Child's Full Name: _____ DOB: _____

Initial ALL:

_____ Caughlin Adventure camp hours of operation are from 7:00 a.m. to 6:00 p.m. A late pick-up fee of \$1 will be charged for every minute I am late picking up my child.

_____ I understand that Caughlin Adventure Camp is an unlicensed program is not part of the Caughlin Club Kidz licensed Preschool programs.

_____ Caughlin Adventure Camp is closed the following Holidays: New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving and the day after, Christmas Day and the day after.

_____ I hereby agree to comply with the rules, policies and regulations of Caughlin Adventure Camp regarding fees, schedules, attendance, health, fieldtrips, swimming and other items specified in the Parent Handbook.

_____ I understand that I am obligated to pay for EVERY DAY I sign-up for. Even if my child(ren) does not attend on that day. NO EXCEPTIONS!!!!

_____ I understand that I cannot switch days that I sign-up for. I will make sure I NEED every day I sign-up for and I understand I can add more days if I need them.

_____ I understand that tuition is due by Monday morning unless other arrangements have been made. My credit card on file will be debited on Monday. If I do not have a card on file, I must pay on Friday for the following week. If tuition has not been received on time, *in advance*, a \$25.00 late fee will be charged as of Tuesday mornings.

_____ I have read the illness policy and understand that I am responsible for keeping my child at home if he/she is ill. I also understand that I need to come pick my child up or make arrangements for my child to get picked up as soon as possible (within an hour) if I am called and they are ill.

_____ I understand that if I have a change in address, schedule, credit card, etc. a "Change Form" must be completed as soon as possible. I am responsible to update any new information.

_____ I have read and understand the statement there will be NO refunds of ANY kind. **NO EXCEPTIONS!!!** By initialing each of the highlighted statements and signing below I was given a full Parent Handbook and I have read and understood all the policies and procedures in the Parent Handbook for Caughlin Adventure Camp and agree to abide by all that is stated above.

Parent Print Name

Parent or Legal Guardian Signature

Date