



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: _____
Social Security Number: _____	Social Security Number: _____
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 ☐ Other: _____
 Child living with: ☐ Both parents ☐ Mom ☐ Dad ☐ Guardian
 Program: ☐ Before & After Program ☐ Jr. Camp (6-8 years old) ☐ Adventure Camp (8-18 years old)
 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 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. (see registration forms)

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: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Home #: _____	Work #: _____	Cell #: _____	Relation to child: _____	
2.	Last : _____	First: _____	Middle: _____	DOB: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Home #: _____	Work #: _____	Cell #: _____	Relation to child: _____	
3.	Last : _____	First: _____	Middle: _____	DOB: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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 in the Club.**

_____ To administer sun block to my child as needed. **(Sun block is to be provided by PARENT)** Babyganics will

be used for those without sunblock.

_____ 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 (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.

_____ I understand that I MUST keep a up to date tuition express form (automatic payment) on my account at all times.

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 Facebook page and Website; www.caughlinclub.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



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.
- _____ I understand that my child has to be at camp by 9:30 a.m. and that field trips do not end until 3:30 p.m.
- _____ 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 once I turn in my registration form for each camp my days are locked in, I am responsible for all tuition payments for the days I signed up for. I understand that if something comes up and I need to withdrawal, cancel or change anything in the schedule **I MUST give at least a two week WRITTEN** notice of the changes. I also understand that switching or adding days it depends on availability. There is no guarantee that days will be open.

_____ I understand that I cannot switch days that I sign-up for. I will make sure I NEED every day that 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. I understand that it is REQUIRED that I have payment on file to be used for payments. 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 I am still responsible for paying regular tuition rates as my child's spot is reserved for the day.

_____ 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 understand that my child may not bring any belongings (electronics: laptop, cell phone, smart watch, toys, etc.) from home.

_____ 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



WAIVER AND RELEASE OF LIABILITY AGREEMENT FOR PRESCHOOL, CAMPS AND OTHER PROGRAMS FOR MINORS

Caughlin Club Management Partners, dba Caughlin Club Kidz is re-opening the preschool as an essential business in Nevada and is implementing additional procedures in an attempt to minimize the possibility of the transmission and spread of COVID-19. Even with enhanced procedures as recommended by various knowledgeable sources, there can be no assurance that the virus will not impact our facility, its children and their families. It is a known fact that certain infected people may be asymptomatic, and the virus is highly transmissible and even with extra precautions, it is not possible to provide 100% assurance the virus will not impact facility or your child.

READ CAREFULLY BEFORE SIGNING YOU ARE GIVING UP LEGAL RIGHTS

In consideration for and as an express condition for my child being granted permission to participate in Caughlin Preschool care, Adventure Camp camps, programs and field trips or to enter any premises in connection with programs offered by Caughlin Club Kidz and Caughlin Adventure Camp and all affiliated entities, and as a condition to participation in any related activities whether or not such activities are at or around the facility (collectively, "activities"), the undersigned enters into this agreement with Caughlin Club Management Partners, LLC, a Nevada limited liability company, doing business as "Caughlin Athletic Club, Caughlin Club Kidz and Caughlin Adventure Camp, (collectively "Caughlin Club") and agrees to the following:

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

OF RISK: I understand that anyone participating in any classroom or activity, whether at the Caughlin Club facilities, on a field trip or traveling to and from a field trip can potentially encounter and contract COVID-19, including from individuals carrying the virus or from airborne particles or particles on surfaces. I understand that the illness can be quite severe and can result in injuries of all kinds, including death, or serious disability. I understand 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 agree that I and/or my child(ren)

am voluntarily participating in the activities offered by Caughlin Club including, but not limited to, the use of the equipment, facilities and the premises.

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 expenses, damages or losses of any kind that I or my child(ren) may sustain from contracting COVID-19;
- (b) I agree that Caughlin Club 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 "Releasees") 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 the potential exposure to COVID-19 while 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 Releasees whether the claims are known, unknown, anticipated or unanticipated, and whether caused by the Releasees' ordinary negligence, any act or omission on the part of any Releasees, or other cause arising out of me or my child(ren)'s use of the preschool or engaging in the activities at the Releasees' facility (or elsewhere with regard to field trips) at any time (hereinafter the "claims"). This Waiver and Release of Liability includes claims pertaining to without limitation, any activities, instruction or supervision by Releasees resulting in potential contact with COVID-19 or other illnesses. This Release of Liability also expressly includes a release for any and all claims arising out of or under Nevada Law related to losses sustained from exposure to COVID-19. 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 death. This document is intended to apply and be binding regardless of whether I or my child(ren) am/are participating in these activities, or are 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 Washoe County 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 Releasees against and fully reimburse them for any and all claims, demands, actions, liabilities, losses, or suits that are brought against the Releasees related to COVID-19 which are in any way connected with participation in any of the aforementioned activities at any time, including claims that allege intentional or negligent acts or omissions of the Releasees. This indemnification shall also include reimbursement of reasonable attorney fees incurred by the Releasees or by others on their behalf. This Indemnity Agreement is made in accordance with Nevada law.

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 Club. I agree to pay any attorney fees and costs the Releasees may incur to enforce this Agreement as it relates to me or my child(ren), and I agree to indemnify and hold harmless the Releasees 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 (2 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 BECOMES ILL 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 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 RELATED TO COVID-19 AGAINST CAUGHLIN CLUB. SHOULD ANY CLAIM BE MADE, I UNDERSTAND AND AGREE THAT I WILL BE RESPONSIBLE FOR ALL ATTORNEYS FEES AND DEFENSE COSTS INCURRED BY THE RELEASEES IN CONNECTION WITH OF IN THE DEFENSE OF THAT CLAIM.

Child's Name: _____

Child's DOB: _____

Child's Name: _____

Child's D.O.B: _____

Parent Signature

Parent Printed Name

Date

Parent Signature

Parent Printed Name

Date



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We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) Adventure Camp to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

- **PLEASE NOTE:** A 3% Card Processing Fee will be applied to your transaction each time you use a debit or credit card.

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received _____

Employee Signature _____

John Sample Mary Sample 123 Nice Street Anytown, USA		BANK OF THE WEST 555-555-5555		00226
Pay to the order of: _____		Attach Voided Check Here		
_____		Deposit slips not accepted _____ Dollars		
123456789	1800338	0226		
Routing Number	Account Number	Check Number		

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