Kids Zone **Springfield Racquet & Fitness Center**

Child Information Sheet

Please print all information clearly and completely before bringing your child to the nursery.

Date_____

Child's Full Name:_____Birthdate_____Age _____

Additional Children: _____Birthdate _____ Age _____

_____Birthdate _____ Age _____

_____Birthdate _____ Age _____

Address _____ City_____ State_____ Zip_____

Mother's Name_____ Home Phone_____ Cell_____ Email _____
Employer_____ Work Phone_____

Father's Name_____ Home Phone_____ Cell _____ Email _____
Employer_____ Work Phone_____

Physician's Name_____Phone_____

Insurance Company_____ Policy No._____ Subscriber Name _____

Emergency Contact_____ Phone_____ Relationship _____
(Other than Parent)

List any special Limitations, Concerns or Problems – allergies, disabilities, fears, speech, hearing, etc.

_____

_____

Any special medications_____

Any special food restrictions_____

Days your child will be attending: (Please circle all that may apply)
Monday Tuesday Wednesday Thursday Friday Saturday

Usual Time of Day your child will be attending_____

Waiver: I understand and acknowledge the risks and activities associated with programs and activities at Springfield Racquet & Fitness Center including but not limited to sports games, physical fitness and recreational activities, and give my/our approval for minor child (ren) to participate in such activities, and I/we hereby waive, release, absolve, indemnify and agree to hold harmless each of the Releases (Springfield Racquet & Fitness Center its administrators, directors, agents, owners, officers, and employees) from any claim rising out of injury to myself, my family and my/our child from all liability, claims, demand, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releases or otherwise including negligent rescue operations, and further agree that if, despite this release, I/we the minor's parent/legal guardian, or anyone on the minor's behalf makes a claim against any of the Releases, I will indemnify, save and hold harmless each of the Releases from any litigation expenses, attorney fees, loss liability, damage or cause any may incur as the result of any such claim.

Consent: I do hereby give consent to medical care, emergency or otherwise, including any necessary transportation, in event of injury to or any illness with my child/ward or myself. I also consent to photographs/videos taken at the clinic, lesson or program that may include my child, ward or myself being used for advertising and other media efforts.

Subject to the Rules and Regulations thereof.

I have received an information sheet, and I have read, understand and accept the policies, procedures and fees for use of the Kids Zone Services at Springfield Racquet and Fitness Center.

Signature of Parent or Guardian_____ **Date**_____

STAFF USE ONLY **Verify & Check Membership Type:** _____ **Family** ____ **Couple** _____ **Single**

Staff Initial _____ **Attach Payment Receipt for Couple and Single. Make Kids Zone Card.**