

2017 PlaySmart Academy Registration Form

The Kroc Center, Salvation Army, June 5-9th, 9:30 am – 2:30 pm

STUDENT INFORMATION

Child's First Name: _____ **Child's Middle Name:** _____ **Child's Last Name(s):** _____

Home Address: _____ APT # _____

City: _____ State: _____ Zip: _____ Home Phone #: _____

Birth Date: Month/Day/Year _____ Current School: _____ Current Grade: _____ Male
 Female

Email: _____ Cell Phone #: _____ May we text you?
 Yes No

Child's Ethnicity
 African American Anglo Hispanic Native American Asian Other:

Who does this child primarily live with? (circle all that apply)
 Mother Father Grandparents
 Relatives, Relationship: _____ Other, Relationship: _____

Youth T-shirt size: Small Medium Large XL
Adult T-shirt size: Small Medium Large XL

What is the child's current swimming ability? **Cannot swim** **Intermediate can swim with supervision** **Advanced can swim with NO supervision**

How will this child attend the Academy? **Parent / Guardian / Relative will transport** **PlaySmart transportation busing needed**

***List names of those besides parent/guardian authorized to transport your child:**

PARENT/GUARDIAN INFORMATION #1

Name of Parent/Guardian (First, Middle, Last): _____ Relationship to Child: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email Address: _____ Cell Phone: _____
 May we text you? Yes No

Employer: _____ Work Phone _____

PARENT/GUARDIAN INFORMATION #2

Name of Parent/Guardian (First, Middle, Last): _____ Relationship to Child _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email Address: _____ Cell Phone: _____
 May we text you? Yes No

Employer: _____ Work Phone _____

In case of an Emergency and parent/guardian above cannot be reached please list a contact person below:

Name: _____

Relationship: _____

STUDENT MEDICAL INFORMATION & EMERGENCY MEDICAL AUTHORIZATION

Doctor Name:	Address:		
Doctor Phone:	City:	State:	Zip:

Health Insurance Company		
Policy Number:	Policy Holder:	Insurance Phone:

Please review each category below and mark all boxes that apply to your child. Please specify any medication your child takes regularly and complete the medication request form that is attached.

Category	Yes	No	Please State any Allergies, Medical Conditions, Medications Taken, Side Effects to Watch For, Special Needs or Special Instructions <i>Do Not Leave Blank. If No Instructions Write N/A or NONE.</i>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Special Dietary Needs	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	
Current Medication	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

****If medication needs to be administered during program hours, I will complete the necessary additional paperwork and follow all necessary requirements. I understand that over the counter medications such as Tylenol, Pepto-Bismol, etc. will not be administered by the Program to my child. ****

RELEASES

Liability and Medical Emergency: PlaySmart provides sports, educational and recreational programs. I understand that membership is voluntary and have confidence that every precaution will be taken to ensure the safety and well-being of my child. I understand the activities and services may have an element of hazard and inherent danger and I take full responsibility for the actions and physical condition of my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend PlaySmart, its officers, directors and agents, chaperones or representatives associated with the event, arising from or in connection with my child attending or being transported to and from the event (including field trips), or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate PlaySmart, its officers, directors and agents, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I understand if my child has health problems, I must inform PlaySmart before participation in any activity. I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I hereby give permission to PlaySmart staff to secure medical/surgical treatment for my child including transporting my child to a hospital for emergency medical or surgical treatment. I will accept all expenses of such care. I wish to be notified, if I cannot be reached please notify the emergency contacts listed on this application.

Program Curriculum: I understand that my child may attend classes that may include age appropriate discussions around character development, healthy living, and other lessons (i.e. violence prevention, drug abuse prevention, eating disorder education, healthy relationship education, etc.).

Data Collection: I understand that my child may be asked questions that assess his/her experience with PlaySmart's program, his/her or their feedback on the program, and any impact the program may have had on them. I understand that all information collected on my child will be kept confidential. Only data that is anonymous (i.e., do not directly link my child or children's name(s) to the records) may be released to an outside party for evaluation purposes.

Media Release: I hereby give full consent to the PlaySmart, and it partners, to photograph or publish (via print, audio, video, internet) any photograph, audio recording and/or video by them in which me or my child(ren) appears. I agree they may be used for an indefinite time period, unless otherwise expressed by myself, for public display and/or publication; and may be posted on the internet.

Parent/Guardian Signature:

Date: