

STANDARD INFORMATION FOR CHILD CARE

This form must be completed and turned in with registration for our Summer Camp and School's Out programs. Information on this form shall be shared with any person caring for the child. As updates occur to this file or your health history and emergency care plan, please share any and all information directly with Amy Peterson-Foss. Please call 715-552-1200 or e-mail amyp@ecsportscenter.com.

One form per child must be completed. Child's Name _____

Please list those that you authorize to pick up your child(ren) other than the mother and father:

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____
_____	_____

Please share your child's swim ability (Summer Camp only). Please check all that apply:

Shallow end _____ Slide _____ Deep End _____ Diving Board _____ Basketball Area _____ Other _____

Do you authorize your child to participate in field trips and other activities? Y N

Do you authorize your child to be transported to and from field trips? Y N

Do you authorize Sports Center staff to provide care for your child to the best of their ability? Y N

Do you authorize the Sports Center to administer medication to your child (when requested)? Y N

Please note: Parent's consent must be given for any type of medication. Example: Children's Tylenol, Children's Pepto, Medicated Throat Strips. Unless it is a medication with an "Authorization to Administer Medication" form completed, vocal approval will always be needed along with the "Y" marked above.

I, the parent/guardian, in registering at The Eau Claire Indoor Sports Center, understand that in attending the registered Summer Camp program and using the facilities, does so at his/her own risk. Eau Claire Indoor Sports Center, and its owners, employees and agents, shall not be liable for any damages whatsoever arising from any personal injury or property loss sustained by the participant and his/her/my family in or about any programs on the premises. I acknowledge that I am aware of the risks inherent in participating in the registered Summer Camp program; that sport programs are physical which can require considerable running, starting, stopping and physical exertion; and could potentially lead to limb injuries; possible permanent disability and death. Participants/parents/guardians assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/I do hereby fully and forever release, discharge, and hold harmless the Eau Claire Indoor Sports Center, all associated facilities and its owners, employees and agents from any and all demands, damages, rights of action, present of future resulting from or arising out of any person's participation in any programs or use of its facilities. He/she/I agree(s) to follow the rules of play and conduct set by the Eau Claire Indoor Sports Center. He/she/I understand(s) that failure to do so may result in suspension from participation. I hereby give my consent for emergency medical care or treatment to be used for my child(ren), only if I cannot be reached immediately. Also, he/she/I waive(s) all rights to any photos taken for use in any Eau Claire Indoor Sports Center publications or media advertising.

Name (Print) _____ Signature _____ Date _____
Parent or Guardian

Review Dates _____