



Club Site (Please Circle):

Bailey – Deer Creek Bailey – Fitzsimmons South Park

Child's Name: _____ **Age:** _____

Please Indicate Any Medical Problems, Physical Limitations, and/or Allergies:

Please Indicate Any Medications Member is Presently Taking:

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of the High Rockies and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club. I hereby give my consent and permission for him/her to participate in any and all Club activities including transportation to and from activities/Club by foot or automobile and give permission for my child's picture to be used by the Boys & Girls Clubs of the High Rockies and its activities. I am aware of the inherent risks of Club activities and will ensure my child is fully prepared to participate.

Medical Treatment: I give permission to the Boys & Girls Clubs of the High Rockies to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment. I give permission for Club staff to treat minor injuries with band aids, and/or ice packs.

EMERGENCY CONTACT INFORMATION/LATE PICK-UP INFORMATION:

Provide at least two emergency contacts other than parents/guardians to whom you give permission to pick up your child in case of emergency or late pick up (late fee \$1/min may apply).

To ensure your child's safety, if we are unable to reach a parent, guardian, or emergency contact within 30 minutes of closing, proper authorities may be called to pick up your child.

1. _____ Relationship to member: _____ Cell Phone #: (____) ____ - _____

2. _____ Relationship to member: _____ Cell Phone #: (____) ____ - _____

Parent Phone#1: _____ Parent Phone #2: _____

Parent Email#1: _____ Parent Email #2: _____

Please list any people (if any) who are unauthorized to pick up your child: _____

Please provide any other information you would like us to know about your child or family: _____

Parent / Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

BGCSP Staff Receipt: _____ Date: _____