

COLUMBIA ASSOCIATION

KidSpace Child Information Card - ONE FORM PER CHILD

PLEASE PRINT CLEARLY

Child's Last Name		Child's First Name		Birthday (MM/DD/YYYY)		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address				Home Phone number			
Name of Parent/Guardian			Cell Phone		e-mail Address		Member ID #
In emergencies requiring immediate medical attention or if medical treatment is required and a parent cannot be reached, 911 will be called to transport the child to the nearest hospital emergency room. Please Initial _____							
Does Child...		YES	NO				
have any physical/mental/developmental delays that may impair participation in a physical activity program?				If yes, please explain			
have food or contact allergies?				If yes, please explain			
require adaptations/accommodations in order to participate in group activities?				If yes, please explain			
Use prescription drugs?*				*With the exception of Epi-pens, Medication will not be given during the program – however please provide type/dosage in the event of an emergency			

Terms and Conditions

Registration in the program denotes: (Please initial)

- Authorization for the Columbia Association to use any photographs in which child may appear for promotion or publicity. _____
- Permission for child to participate fully in activities. _____
- Certification that child is in good health and has been seen by a physician within the past year. _____
- _____

The signature(s) below indicates my/our understanding and agreement with the terms and conditions set forth herein.

In consideration for being allowed to use The Columbia Association, Inc.'s ("CA") facilities and equipment, participate in any of CA's classes and programs or avail myself of CA's services (collectively, "CA activities"), I agree to abide by all rules established by CA. I hereby release CA, its officers, employees, instructors, trainers, agents or representatives ("the Releasees") from all liability to the undersigned, my children, my representatives, heirs and assigns, for any and all claims for any loss, damage, theft of personal property, personal injury, bodily injury or death, whether caused by the negligence of the Releasees or otherwise, arising as a result of CA activities. I further waive and covenant not to sue Releasees for any such claims.

I am voluntarily participating in CA activities with knowledge of the possible dangers involved, and hereby agree to accept any and all inherent risks of bodily injury, death or property damage.

I further agree to indemnify and hold harmless the Releasees from any loss, liability, damage or cost, including attorney's fees, incurred due to my CA activities whether caused by the negligence of the Releasees or otherwise.

I further agree that this release and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the state of Maryland and that if any portion hereof is held invalid, the remainder of the agreement will continue in full legal force and effect.

I affirm that I am of legal age, am freely signing this agreement, and if the participant in CA activities is a minor, that I am the parent or legal guardian of that minor. I have read this agreement and fully understand that I am giving up legal rights and remedies that I, and if applicable, my spouse, minor, or a legal guardian for the minor might have now or in the future.

Parent/Guardian Signature: _____ **Date:** _____

Participation in physical activities, including registration for classes sponsored by KidSpace such as Zumba, Yoga, Recess and Results and use of the iDance system as well as any other classes involving physical activity in which I register my child::

I confirm that my child is in good health and accept full responsibility for any and all risk and injury occurring during, or as a result of, exercise in any of the classes/programs mentioned above, or any other class/activity/program in which I might register my child, or the child for whom I am legal guardian.

Parent/Guardian Signature: _____ **Date:** _____

Policies

_____ I have received a copy of the KidSpace Parent Manual. Specific policies are highlighted below:

1. Guest fees, or non KidSpace member fees are \$8 per 2 hour visit (guest passes may not be utilized for KS participation).
2. Children must be signed in and out, each time they visit KidSpace or participate in a KidSpace class, such as Zumba or Recess and Results.
3. Parents/guardians must show a picture ID when dropping off and picking up children. Without a picture ID, a “NO ID” form must be completed.
4. Children will only be released to the adult who signed the child in.
5. Parents/guardians MUST remain in the facility while their child is in KidSpace.
6. Late fees will be assessed for each five (5) minutes, or portion thereof, that a child remains past the two hour time limit. Late fees must be paid immediately.
7. No outside toys are permitted.
8. No outside food or drink is permitted. Exception – baby bottles, pre-made and labeled with the child’s name, are permitted. Exception – sippy cups, filled with water only and labeled with the child’s name, are permitted.
9. Bare feet, sandals, open-toed shoes, Crocs, flip- flops are never permitted. Children should wear sturdy closed toe and heel shoes. Non-walkers my wear socks or booties.
10. If your infant/toddler needs a diaper change, we will call you to do so.
11. Inappropriate behavior in KidSpace, or at any of the classes or social events, may require removal of the child from the program. Physical aggression of any sort is never tolerated.

By signing below I acknowledge that I am aware of the policies regarding participation in KidSpace and any classes offered through the KidSpace program, and that I agree to abide by all these policies.

_____/_____/_____
Signature / Printed name / Date