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| Arc Logo Good.jpg | **SENSES PLAYROOM GYM**  1110 Amos Road, Suite A  Shelbyville, IN 46176  Phone: 398-6708 or 370-8236 | Aktion Club Logo Quality.jpg | kiwanis brcf logo 001.jpg |

**CHILD ENROLLMENT APPLICATION**

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| --- | --- |
| Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tell us a little bit about your child. Anything you think we should know?

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**Parental Consent & Release of Liability**

To: The Arc of Shelby County and the Shelbyville VC Aktion Club and all of its members, officers, agents, and volunteers associated with SENSES (and hereinafter collectively called “The Arc/Aktion Club”)

In consideration of me and my child participating in this program, I recognize that there are inherent risks associated with the Program. I hereby agree to release The Arc/Aktion Club from all claims, liabilities, obligations and cost which I may have against The Arc/Aktion Club and its respective agents, servants and representatives, arising out of injury, loss or damage while I or my child participate in the program, whether or not arising out of any negligence on the part of The Arc/Aktion Club or its respective agents, servants, or representatives. ***(As a parent-led program, I also recognize and agree to being a full participant in all projects and programs by supervising and being totally responsible (including financially responsibility for excessive equipment damage) for my child in the various activities of the program.)***

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Signature of Parent/Guardian (Parent Designee) Date

I further acknowledge that it is my responsibility to advise The Arc/Aktion Club of any medical or other conditions which may affect my child’s participation in the program.

In the event my child requires medical attention, I agree to accept full responsibility to secure whatever medical attention my child may need or require. I also agree to accept full financial responsibility for any costs of such medical treatment or service.

**I have read this consent form and understand and accept its terms.**

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Parent’s Signature Parent’s Name (please print) Date