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|  | **SENSES PLAYROOM GYM**  1202 Highpointe Blvd.  Shelbyville, IN 46176  Ph: 317-398-6708 or 317-370-8236 | Arc Logo Good.jpg |  | kiwanis brcf logo 001.jpg |

**CHILD ENROLLMENT APPLICATION**

|  |  |
| --- | --- |
| Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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 for my child, including any financial responsibility for excessive equipment damage caused by 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 fully understand and accept its terms.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

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