



Registration Form

Today's Date: _____

Child's Name: _____ D.O.B.: _____

(Please circle one)

Parents are (Married/Separated/Divorced/Widowed/Single/Deceased)

Child Lives with:(Both Parents/Father/Mother/Other)

Mother's or Guardian

Name: _____ cell phone: : _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ e-mail address: _____

Employer: _____ Work Phone: _____ ext: _____

Work Address: _____
(Street) (City) (State) (Zip)

Father's or Guardian

Name: _____ cell phone: : _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ e-mail address: _____

Employer: _____ Work Phone: _____ ext: _____

Work Address: _____
(Street) (City) (State) (Zip)

Emergency Contact #1

Name: _____ Relationship: _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Is this person authorized to pick your child up? Yes / No

Emergency Contact #2

Name: _____ Relationship: _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Is this person authorized to pick your child up? Yes / No



Medical Information:

Pediatrician Name: _____ Phone: _____

Address: _____

Date of last checkup? _____

Dental Information:

Dentist Name: _____ Phone: _____

Address: _____

Behavioral Information:

Any Developmental or Behavioral concerns we should know about or help with?

Hospital Choice:

Parker Adventist

9395 Crown Crest Blvd
Parker, CO 80134
(303) 269-4000

Sky Ridge Medical Center

10101 Ridge Gate Pkwy
Lone Tree, CO 80124
(720) 225-1000

Other

Kinetics is an active environment and physical fitness is encouraged. Kinetics has many pieces of equipment that we employ to keep kids fit and excited. If there are certain pieces of equipment or activities that you do not want your child to engage in, please check them or define below.

- | | |
|-----------------|--------------------------------------------------|
| _____ Makoto | _____ Sport Court (basketball, volleyball, etc) |
| _____ Treadwall | _____ Plyometric equipment |
| _____ XRBikes | _____ Gym games such as hula-hoops, gator-balls, |
| _____ Dance Mat | running, jumping, jump ropes, |
| _____ Wii | _____ Sportwall |

Other: _____



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PERMISSION FORMS:

SUNSCREEN:

Name/Brand of Sunscreen: Rocky Mountain Sunscreen SPF 30

Ingredients: Aloe Barbadensis Leaf Juice, Carbomer, Cetyl Alcohol, Cholecalciferol(Vitamin D), DEA-Cetyl Phosphate, DMDM Hydantoin (and) Iodopropynyl Butylcarbamate, Hydrogenated Polybutene, Retinyl Palmitate(Vitamin A), Stearic Acid, Tocopheryl Acetate(VitaminE), Triethanolamine, Water. ACTIVE INGREDIENT: Ethylhexyl p-Methoxycinnamate(Octinoxate), 2-Ethylhexyl Salicylate(Octisalate), Oxybenzone, Homosalate

Kinetics requests that sunscreen be applied to children before entering the Kinetics facility. Kinetics staff can assist in the application of a provided sunscreen to exposed surfaces [for example, face, tops of ears, bare shoulders and arms] when necessary. Sunscreen will not be applied to any broken skin or where a prior skin reaction has been observed. Any subsequent skin reaction observed by a Kinetics coach will be reported promptly to the parent/guardian. It is the parent's responsibility to provide adequate SPF – a *minimum* of 15 SPF is requested by Kinetics.

I DO / DO NOT want Kinetics staff assisting my child with sunscreen application.

YES / NO In the event that my child sunscreen is not readily available, my child may use the sunscreen provided by Kinetics.

Parent initial

VIDEO CAMERAS:

Kinetics uses video cameras in the facility or buses as a means to maintain order and discipline and to protect the health, safety and welfare of members and Kinetics staff and coaches. Video cameras will not be used in areas such as locker rooms and bathrooms.

The tapes are confidential and shall not be released to anyone besides corporate staff, except as authorized or required by law.

Parent initial

PHOTOGRAPHS:

I give my permission for my child to appear in a Kinetics photo in printed medium for use within Kinetics for camp activities and crafts.

Parent Initials

Occasionally Kinetics will post photos on the website or be published in a local paper, may Kinetics allow photos to be used outside of Kinetics Youth Center of your child with first name only?

Parent Initials



CLIMBING WALL

I give my permission for my child to use the Kinetics Treadwall. The Treadwall does NOT require belays, as a child will never be more than a few feet off the floor at any given time. The Kinetics climbing station has a rotary system that allows a child to actively and safely climb on a constantly rotating 'band' of hand holds and foot holds. Each member will be given instruction on proper usage of the climbing machine.

Kinetics will maintain the climbing station in proper working order, and members agree to use it in the instructed manner. Members can lose climbing station privileges if they are found to be using un-safe behaviors on or near the machine.

I understand the safety rules of the climbing station and will allow my child to participate on the climbing station.

Parent initials

School Pickup / Transportation

I _____ authorize Kinetics to transport my child _____
(Parent / Guardian Name) (Child's Name)
by Kinetics Van from _____ located at _____.
(School Name) (Address)
Beginning: _____ ending: _____. School lets out at: _____
Month/day/year Month/day/year

During Aftercare, your child will be brought to Kinetics where he/she will be fed a healthy snack, and homework is to be completed/attempted before play can begin. Homework help will be provided. If it is not feasible to complete all homework, please make sure my child completes at least _____ minutes of homework before playing.

Television / Video Viewing

Kinetics will not have televisions generally available for viewing. During weekend movie nights/ parties Kinetics will show movies that are age appropriate. Children 5 - 15 may be shown a PG movies. If all children in the audience are over 13 years of age, PG-13 movies may be shown.

Parent initials

Meals - NUT FREE FACILITY

Because of the number of allergies to tree nuts, we ask that no nuts be brought in to Kinetics. We care about the safety of our children. We understand this is a great inconvenience, but we ask that you consider the severity of the situation for children who are allergic. Thank you.

We understand this is a nut free facility. If, by accident, a nut product is packed, the child will be asked to leave the item in their lunch bag and we will add a small charge to replace the item.

Parent Signature

Parent / Guardian Signature Printed Name Relationship Date



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Participant Waiver and Release Form

Member/Participant Name: _____

Please print child's name

I the undersigned participant/parent or guardian of the participant recognizes and acknowledges that activities at Kinetics Youth Center involve risk and serious injury, including permanent disability or death, and severe social and economic losses which might result from participant action, inaction, negligence of others, the rules of play, or the condition of the premises or any equipment used thereon. Further, I understand that there may be other risks not known or reasonably foreseeable at this time and that such risks shall be assumed by the undersigned.

In my absence, I authorize the employees of Kinetics Youth Center to call for emergency rescue services for should they be necessary in the case of injury or suspected injury, or, during the time that the above named individual is participating in any daily activity or day camp session.

I authorize the attending physician at the hospital to administer necessary emergency medical care to the above named individual upon his/her arrival at the hospital. I will accept responsibility for the payment of any and all treatment provided therein including emergency rescue services.

I further understand the following issues:

- 1) that I am legally responsible for action of the above named individual including, but not limited to, any damage to private or public property caused by him/her;
- 2) that I am legally responsible for my own and/ or my child's welfare and actions including personal needs and medical expenses; and
- 3) that this waiver of liability shall remain in effect for any visits to Kinetics Youth Center or any off site day camps that above named individual participates.

Finally, I agree to indemnify and hold Kinetics Youth Center, its officers, agents, consultants, and representatives harmless from any loss, damage, or injury, which may result from my (my child's) participation in activities created, run or sponsored by Kinetics Youth Center. This release of liability and indemnity applies equally to losses, damages, or injuries caused or alleged to be caused in whole or in part by the negligence of Kinetics Youth Center.

I further agree to release, waive and discharge, and covenant not to sue Kinetics Youth Center for any claims, demands or actions whatsoever arising out of any damage, loss or injury incurred on or to me as a result of my participation in the activities. This release of liability and indemnity applies to me, the undersigned as well as any of my personal representatives, assigns, heirs and next of kin.

I have read and fully understand the effect of the relinquishment of the rights that I hereby waive.

Parent Name _____ (Please print)

Parent Signature _____

Date: _____



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Emergency Transportation and Treatment Authorization

Date: _____

In the event that I or my emergency contacts cannot be reached to make arrangements for emergency medical or dental care for my child _____, I grant permission to Kinetics to take my child to the nearest hospital, medical, or dental facility for treatment for any accident or illness as deemed necessary by the provider.

I accept full liability for all treatment and ambulance expenses.

Signature	Printed Name	Relationship	Date
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OR

Decline option: I wish the following action to be taken in the event of a medical or dental emergency:

Signature	Printed Name	Relationship	Date
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Field Trip & Transportation Authorization

During camp, children will take a variety of field trips. The field trips will coordinate with the theme of the camp. Field trips may include local indoor/outdoor pools, movie theater, golf course, parks, museum, etc. Field trips are voluntary but a vital part of learning.

My child, _____ **may not attend driving field trips**, but has my permission to attend walking field trips.

My child, _____ **has permission to participate in all Field Trips/Excursions** that are included in the Kinetics Youth Center camps. All trips will begin and end at Kinetics.

Special Remarks or Concerns:

All transportation will be conducted in accordance with state transportation laws and requirements. All vehicles will be appropriately licensed and insured. Your child will be transported in a seat with a seat belt.

If your child misses the field trip departure time:

1. They may stay and enjoy Kinetics with a new team
2. Parent may escort them to the field trip site

In the event that my child suffers any illness or injury requiring emergency treatment while involved in a Kinetics activity, I hereby give my permission for any necessary hospitalization, medication, or medication, on the recommendation of medical personnel, in which case I will be responsible for all costs. By signing this document, either individually and/or in the capacity of a natural or legal guardian, you acknowledge the inherent risks of bodily injury, psychological injury or even death, in the activities of play parks, swimming, sports activities and any other activities. Kinetics Youth Center may transport my child to as part of camp program, as well as through presence as a spectator. By signing this document, you either individually and/or in the capacity of a natural guardian, hereby release, hold harmless, and exculpate Kinetics Youth Center, Inc., it's officers, agents, representatives, and employees, from any and all liability for their negligence in allegedly bringing about bodily injury, psychological injury or death. Your release of liability for negligence, set forth above, further extends to any defective condition of the premises whether or not known to occurring off-premises during transportation to or from related events.

Parent / Guardian Signature

Printed Name

Relationship

Date



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Pick-Up Authorization

In addition to the Emergency Contacts, the following individuals also have my permission to pickup my child from Kinetics:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Special Remarks or Concerns:

Under no circumstances will my child be released to anyone other than the individuals named above without prior authorization.

Parent / Guardian Signature

Printed Name

Relationship

Date



SEVERE ALLERGY FORM

Member Name: _____

Birth date _____ **Weight** _____ **Date Weighed** _____

Severe Allergy to: _____

EMERGENCY TREATMENT

If member experiences mild symptoms of swelling at site of an insect sting, several hives, itchy skin, OR if an ingestion, or sting, is suspected:

Special Instructions (for Health Care Provider to complete)

Symptoms that progress and can cause a life threatening reaction

- Hives spreading over the body
- Wheezing, difficulty swallowing/breathing, swelling (face, neck)
- Tingling/swelling of tongue
- Vomiting
- Signs of shock (extreme paleness/grey color, clammy skin, etc), loss of consciousness

Treatment: EPI-PEN Lot # _____ Expiration date _____
Date provided to KINETICS _____

Send member to main admin office. Contact Staff member in charge.

Give _____ of _____ by mouth

(dose or amount)

(antihistamine)

Contact the parent OR emergency contact person.

Stay with the member, keep he/she quiet, monitor symptoms until parent arrives. Watch member for more serious symptoms - listed below.

Give EPI-PEN immediately, place against outer thigh, through clothing if necessary.

Call 911 IMMEDIATELY. Epi-Pen only lasts 20-30 minutes.

*****Paramedics should ALWAYS be called if EPI-PEN is given *****

Contact parents or emergency contact person. If parents or emergency contact/s are unavailable, KINETICS personnel should accompany the child to the hospital.

Directions for use of EPI-PEN:

- Pull off gray cap
- Swing and jab into upper outer thigh - through clothing IF necessary
- Hold in place 10 seconds, then remove
- Carefully place EPI-PEN into disposal container, needle first
- Call 911 and explain nature of call
- Contact parents or emergency contact/s from member file



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If the Epi-Pen container has a rubber needle protector in the end, carefully apply to expose needle and replace used Epi-Pen back into container. Give Epi-Pen to emergency personnel. *****

Other Allergies (Food, insects, medications, etc.)	Reaction
_____	_____
_____	_____
_____	_____

Diet Restrictions: For food allergies, Parents will monitor KINETICS meal and snack choices OR provide member with their own food. Member will self monitor food choices and KINETICS staff will assist as needed.

NOTES: _____

Reminder
 KINETICS staff must take EPI-PEN or any other medications on all away/field trips. KINETICS staff to ensure phone is close by if needed. Keep EPI-PEN at room temperature: DO NOT FREEZE, refrigerate, or keep in extreme heat.

Emergency Contact Information:

Father & Mother's Names: _____
 Emergency Phone Number/s _____
 Address _____

Alternate person if un-able to contact parents _____
 phone number/s _____

Hospital reference - if none, closest will be chosen: _____

A registered nurse is responsible for delegation of this task to KINETICS (unlicensed) personnel.

PRINTED NAME: _____ Date _____
 Physicians Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____
 Nurse Consultant Signature _____ Date _____