



**CHILD INFORMATION**

Child's Full Name: \_\_\_\_\_

Last First Middle

Name Child goes by: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male / Female Age: \_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Child resides with (check all that applies): Mother \_\_\_\_ Father \_\_\_\_ Guardian(s) \_\_\_\_

Custodial Parent/Legal Guardian's Names:

\_\_\_\_\_

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

Home Telephone: \_\_\_\_\_

Business Phones: (mom) \_\_\_\_\_ (dad) \_\_\_\_\_

Cell Phones: (mom) \_\_\_\_\_ (dad) \_\_\_\_\_

Email Addresses: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (IF PARENT CANNOT BE REACHED)**

Emergency Contact # 1: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact # 2: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

**MEDICAL INFORMATION**

Does your child have any medical conditions (e.g., diabetes, epilepsy, heart conditions, etc.) \_\_\_\_ yes \_\_\_\_ no

If yes, explain (attach additional sheets as necessary): \_\_\_\_\_

Does your child have any allergies? (e.g., insects, hay fever, strawberries, peanuts, etc.) \_\_\_\_ yes \_\_\_\_ no

If yes, explain (attach additional sheets as necessary): \_\_\_\_\_

Does your child have any allergies or adverse reactions to medications? (e.g., penicillin, ibuprofen, acetaminophen, etc.) \_\_\_\_ yes \_\_\_\_ no If yes, explain (attach additional sheets as needed):

\_\_\_\_\_

Does your child have any disabilities or physical or developmental limitations? \_\_\_\_ yes \_\_\_\_ no

If yes, explain (attach additional sheets as necessary):

\_\_\_\_\_

**PERSONS HAVING PERMISSION TO PICK UP CHILD:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

(COMPLETE REVERSE SIDE)



**IMMUNIZATION CONFIRMATION**

Parent / Legal Guardian confirms that child is properly immunized and immunizations are up to date.

Yes \_\_\_\_\_ No \_\_\_\_\_

**LOST OR STOLEN ITEMS:** I hereby understand and agree that neither Studio Jear, LLC dba Zumbajear nor any of their respective employees, directors, officers, agents, representatives and/or volunteers shall be held liable for any of my or my child's personal property lost or stolen during participation in the group fitness classes.

**WAIVER AND CONSENT TO TREATMENT:** I am the custodial parent or legal guardian of \_\_\_\_\_(child's name). I hereby warrant that to the best of my knowledge, my child is in good health and physically able to participate in youth program activities and I assume all responsibility for the health and physical condition and ability of my child to so participate. In consideration of the arrangements set forth herein, I do on behalf of myself, my child, and our respective heirs, successors, assigns and next of kin, release, waive, hold harmless, defend and covenant **NOT TO SUE**, Studio Jear, LLC dba Zumbajear, its, owners, administrators, officers, agents, representatives, volunteers and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I and/or my child may suffer due to illness or injury suffered by my child as a result of this agreement, including medical treatment and any consequences that may arise as the result of this treatment, to the fullest extent permitted by law. I accept full responsibility for any medical or hospital bills associated with the care of my Child.

**I understand that child care services are provided only while I am present in the building and taking class and that I am present in the building at all times that my child is in attendance at the child care.**

I understand that should my child become inconsolable during the class session, I am responsible to leave class and attend my child.

**LIABILITY WAIVER:** In consideration of the arrangement set forth herein, I do on behalf of myself, Child and our respective heirs, successors, assigns and next of kin, release, waive, hold harmless, defend and covenant **NOT TO SUE**, Studio Jear, LLC dba Zumbajear, its owners, administrators, officers, agents, representatives, volunteers and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I and/or my child may suffer due to illness or injury suffered by my child as a result of this agreement, to the fullest extent permitted by law.

**I HAVE READ AND UNDERSTAND THIS ON-SITE CONSENT AND WAIVER FORM AND SIGN IT VOLUNTARILY AND ENTIRELY OF MY OWN FREE WILL.**

Custodial Parent/Guardian Name (please print):

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_