BEACON Health & Fitness

Youth Activity Studio Registration

Child's Full Name _____Nickname (if any) _____

Child's Date of Birth _____ Age _____ Gender_____

Parent/Guardian's Name _____ Relationship to Child _____

Siblings _____

Address _____

Telephone (Home) _____ (Cell) _____ (Work) _____

Email _____

Emergency Contacts other than Parent:

(Name) _____ (Phone)_____

(Name) _____ (Phone) _____

Who can pick up your child? _____

Anyone not allowed to pick up your child? _____

Family Physician _____ (Phone) _____

Allergies _____

Medications _____

Special Considerations _____

_____

I, the undersigned, am the parent/guardian of the above registered child. I have voluntarily chosen to enroll my child/ward in the Beacon Health & Fitness Youth Activity Studio while I am exercising at the Beacon Health & Fitness facility. I agree to abide by all rules pertaining to the use of the Youth Activity Studio. Should a medical emergency occur, a staff member will notify me immediately. I am aware that there is an inherent risk of injury in physical play among children. I am also aware that, while playroom participants will be under adult supervision, there is a risk of injury to my child/ward. I hereby release and discharge Memorial Hospital, Beacon Health & Fitness, and its' agents and employees, from any and all claims and demands for injury, illness, loss, damage, or actions whatsoever arising out of or in connection with my child/ward's use of the Beacon Health & Fitness' Youth Activity Studio, services and programs. In the event of an emergency that warrants evacuation of the room or building, all children will immediately be evacuated from the building to the SW corner of the parking lot.

I understand and agree that in the event of a medical emergency, the associates and/or assignees of Beacon Health & Fitness, Beacon Health System, Inc., and Elkhart Health, Fitness & Aquatics, Inc., may provide immediate care and assistance to me and any minor children on my membership account or in my care. This may include first aid, CPR, the use of an AED, the calling of an ambulance, and any other assistance deemed necessary.

For children still in diapers, please be sure the diaper is clean when the child is dropped off. As a convenience to you, if you provide us with a diaper bag, our associates will change your child's diaper while you are exercising. By signing this form, you agree to allow our staff to provide this service.

I understand that this is a full and final release of all claims or every nature and kind whatsoever and is given in consideration of the services and/or facilities of the Beacon Health & Fitness Youth Activity Studio. I further understand and agree that this release shall extend to and include any future use without the necessity of any subsequent execution and will remain in force until expressly revoked in writing and delivered to Beacon Health & Fitness.

_____ _____

Parent/Guardian Signature Date

Getting to Know Your Child

My child's favorite things

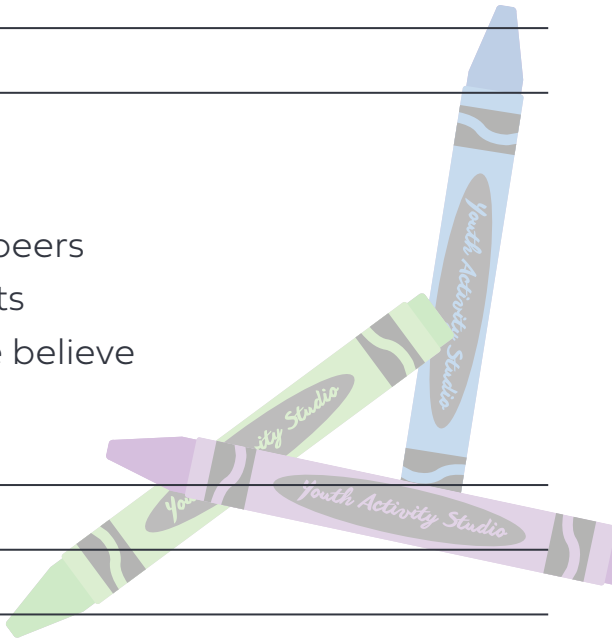
Favorite Toy(s): _____

Favorite Book: _____

Other Favorites: _____

My child likes to (check all that apply):

- ☐ Color and Draw
- ☐ Read/listen to stories
- ☐ Play alone
- ☐ Play with peers
- ☐ Make crafts
- ☐ Play make believe



My child doesn't like: _____

My child is good at: _____

I want you to know this about my child: _____