



The Clubhouse, Inc.
Children's Center Registration and Liability
Release Agreement
Fully licensed under the State of Utah Child Care Regulations

Please print legibly and complete all areas. The form only needs to be filled out once per year. One form per child is required.

Child's full name: Age: DOB: Gender: Parent's full name
M / F

Home address: Home phone: ( ) Work or cell phone: ( )
City: State: Zip code:

Local Park City address: Local phone: ( )
Date leaving Park City, if visiting:

Physician's name: Phone: ( ) City: State:

Persons authorized to pick up your child: Relationship to child:

In the event of an emergency, please contact (someone other than yourself):

Name: Relationship to child: Phone: ( )

Medical conditions and or allergies (including food):

Is your child on any medications? (The Clubhouse, Inc. will not administer any medications)

If your child cries, after what amount of time should we contact you?

Please inform us of anything that would help better your child's experience with us.

Release of Liability
Parents, please read carefully.

I GIVE MY CONSENT for the minor child listed on this form to participate at The Clubhouse, Inc. program. I agree to abide by any and all rules and policies of The Clubhouse, Inc. as outlined on this agreement and registration form.

I UNDERSTAND AND AGREE that some risk and hazards cannot be eliminated even if said minor's participation is under the supervision of The Clubhouse, Inc. and its employees.

I HEREBY AGREE TO RELEASE FROM ANY AND ALL LEGAL LIABILITY AND AGREE NOT TO SUE OR MAKE A CLAIM AGAINST, AND TO INDEMNIFY AND HOLD HARMLESS THE CLUBHOUSE, INC., THE CLUBHOUSE, THE OWNERS, OFFICERS, AFFILIATED ORGANIZATIONS, AGENTS AND EMPLOYEES FOR ANY AND ALL CLAIMS FOR DAMAGE, INJURIES, DEATH TO SAID MINOR CHILD OR ANY PERSON OR PROPERTY CAUSED BY OR RESULTING FROM SAID MINOR CHILD'S PARTICIPATION.

I GIVE CONSENT to The Clubhouse, Inc. to provide any and all emergency first aid treatment and or refer treatment to a duly licensed physician (MD), dentist (DDS), or other medical provider to the participant. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of the participant. I authorize said minor's transportation to a medical facility, at my expense, as deemed necessary by The Clubhouse, Inc.

I hereby grant exclusive permission to The Clubhouse, Inc. and its agents, to use my child's name and photograph for the purpose of publicity, public relations, editorial or other advertising purpose without restriction as to frequency or duration.

If I am signing this liability release on behalf of a minor, (less than 18 years of age) I represent that I am the parent and or legal guardian of such child; I accept responsibility for all the medical expenses incurred in connection with the program: I agree to indemnify the released parties for any and all claims whatsoever brought by the child; and I agree to indemnify the released parties for any and all claims brought by a third party arising in connection with the child.

I HAVE READ AND AGREE TO ALL THE ABOVE POLICIES AS OUTLINED IN THIS REGISTRATION FORM AND RELEASE OF LIABILITY. I UNDERSTAND THAT FAILURE TO FOLLOW ANY CHILDCARE CENTER OR STATE OF UTAH POLICIES MAY LEAD TO DENIAL OF THE CHILD'S PARTICIPATION IN THE PROGRAM. I VERIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR AND I AM OF AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE SAID MINOR AND MYSELF, AND I AGREE TO BE BOUND BY ITS TERMS.

Signature of parent/legal guardian: Date:

PLEASE TURN OVER ➡



**The Clubhouse, Inc.  
Parent Registration Policies and Procedures**

**I understand that:**

1. My child will be attending The Clubhouse during the 2005 year.
2. Program options, hours and prices:
  - a) Clubhouse hours are from 8am-8pm Monday thru Friday.
  - b) Cost is \$13.00/hour for the first child and \$3.00/hour for each additional child of the same family.
  - c) Locals discount is \$10.00/hour for the first child and \$3.00/hour for each additional child of the same family.
3. I may make a reservation to guarantee my child a place in the program. Cancellations must be received 24 hours in advance to avoid incurring a cancellation fee. Cancellations after 24 hours will be subject to a fee of 50% of reservation total.
4. Reservations that result in a no-show will incur a fee of 100% of the reservation total.
5. My child will be picked up by the end of the time for which he or she is enrolled. If the parent cannot pick up the child, only individuals that I have specified on the registration form will be allowed to remove my child from the center.
6. For the safety of my child, I agree to sign in and out upon arrival and departure with a full signature.
7. Any refund must be authorized through the childcare owners or other qualified staff.
8. My child's IMMUNIZATIONS are CURRENT and will be kept UP TO DATE. INITIAL
9. I will keep the center informed of any new immunizations my child has received.
10. I will immediately notify the child care owner/director if my child contacts an infectious disease.
11. In the event my child becomes ill, I will pick him/her up from The Clubhouse immediately and I will not be eligible for a refund.
12. Childcare professionals are required by law to report any suspected child abuse.
13. The center's licensing agency shall have the authority to interview, inspect and audit clients, children and staff. Licensing agency also has the authority to examine all record related to the operation of the facility.
14. I expect to be treated with respect by all staff and I will treat all Clubhouse staff with respect.
15. I will keep the center informed of any changes in my family status, such as new phone number, address or circumstances that might affect my child's behavior.
16. I will complete all forms as required for enrollment.
17. I understand my child's DOB may be verified with other licensed agencies.
18. I will pick up my child no later than 8pm Monday-Thursday and 10pm Friday-Saturday.
19. I understand that my child will not be subjected to corporal punishment or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, mental abuse, or other actions of a punitive nature including but not limited to: Interference with the daily living function, including eating, sleeping, toileting.
20. I agree the release of liability will be valid for each visit to The Clubhouse.
21. I understand that I have the rights to inspect and/or drop in the center at any time.
22. I understand that time outs will be enforced when needed. Time outs will be given age appropriately. For instance, a 3 year old would not be in time out for more than 3 minutes.
23. I understand that my child may be in the center with children with disabilities.
24. I understand that The Clubhouse will contact me if my child cries uncontrollably for more than 30 minutes (unless a shorter time is noted by parent on Registration and Liability Release Agreement). At the end of 30 minutes (or parent stated time), the child must be picked up from The Clubhouse.

**Child's name** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

