

**Instructions: Complete this form carefully and accurately, and return it to the Center before the program begins.  
Your child will not be able to attend Club Friday unless a current health form is on file at PCC.**

**Be sure to attach all required additional forms for medication.**

**Participant Information**

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Child:  Male  Female

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mom's Day Phone: \_\_\_\_\_ Dad's Day Phone: \_\_\_\_\_

**In case of emergency and a parent is not available, list two emergency contacts:**

Contact: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Contact: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Child's Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Release Authorization**

At the conclusion of the program day, I authorize the following people to pick up my child from Club Friday:

(List your name and any other individuals you authorize who are at least 16 years old.)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

*I understand that my child will only be released to these individuals and may be requested to show identification.*

Signed: \_\_\_\_\_

## Health Information

Print Name of Child: \_\_\_\_\_

Date of Child's last Tetanus shot: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (must be completed for child to attend)

Are there any identified health issues (including but not limited to asthma, diabetes and epilepsy) that may need emergency treatment?

No  Yes **(If yes, provide physician's statement)**

*(Note: For emergency medical treatment, 911 will be called.)*

**An Authorization for Medication form must be attached if your child must receive medication during program hours. See program director for more information.**

List medications and dosages: \_\_\_\_\_  
\_\_\_\_\_

List all pertinent information regarding any health problem(s) including physical, psychiatric, behavioral, or other problems.

Please help us serve your child by being specific. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List your child's allergies: \_\_\_\_\_  
\_\_\_\_\_

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For all Club Friday Participants

### Club Friday Participant Code of Conduct

In order to help your child meet acceptable behavior standards, you and your child are expected to read the Club Friday Participant Code of Conduct together. By signing below, you are acknowledging that you have read, discussed, and agree with the Club Friday Participant Code of Conduct and that failure to follow it will result in disciplinary action.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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### Registration Release Statement

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent/guardian approves of his or her participation in the program. By signing here, I verify that all information on this form is correct, and I agree with the release statement above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_