



CALABASAS KLUBHOUSE REGISTRATION AND MEDICAL INFORMATION



PLEASE COMPLETE ALL INFORMATION (Please use separate form for each enrolled child)

Child's Name _____ Child's Date of Birth _____

Address _____ City _____ Zip _____

Home Phone _____ Parent 1 Cell _____ Parent 2 Cell _____

Parent 1 Name _____ Parent 2 Name _____

Parent 1 Work Phone _____ Parent 1 Work Phone _____

In case of an emergency and we cannot reach either parent, whom do you wish us to notify?

Name _____ Phone Number _____

Family Doctor _____ Phone Number _____

Family Dentist _____ Phone Number _____

Does your child have any special needs?

Allergies (foods or medications)?

Is your child taking any medications?

The undersigned hereby agrees to defend, indemnify, and hold harmless the Little Learners Calabasas Klubhouse and the City of Calabasas and its officers, employees and agents against any loss, liability charges and expenses (including attorney fees) and costs which may arise by reason of participation in any program. (Little Learners Calabasas Klubhouse and the City does not provide accident, medical, liability, workers' compensation insurance for program participants). As a parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for myself that facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I agree to expressly assume the risk of participating at the premises.

I understand Little Learners Calabasas Klubhouse and the City retains the rights to use photos taken during activities for publicity purposes.

Parent Signature _____ Date _____

