



PRO Club Camp Enrollment and Emergency Medical Authorization

PROCLUB.COM

425.885.5566

Welcome to Camp! We focus on making each day a happy and meaningful experience for both you and your child. If you have any questions, please feel free to contact us at **(425) 885-5566**. All information below is considered confidential and is used to help staff meet the needs of your child.

Parent/Guardian

Name (First) _____ (Last) _____ Membership Number _____

Cell _____ Phone (other) _____

Address _____

Child

OFFICE USE ONLY

Name (First) _____ (MI) _____ (Last) _____

New Child # _____

Male Female Age _____ Date of Birth _____ / _____ / _____
(Month) (Day) (Year)

Choose One: MEMBER NON-MEMBER
 Non-Member Child of Member

Additional Information about your child we should know (i.e. allergy, special needs, etc.) _____

My child has previously attended a PRO Club camp or youth program. YES NO

Authorized Individuals

Individuals listed below are authorized for drop-off and pick-up of the child listed above. **Photo ID is required.**

Authorized Individual #1

Name (First) _____ (Last) _____ Relationship to Child _____

Cell _____ Phone (other) _____

Address _____

Authorized Individual #2

Name (First) _____ (Last) _____ Relationship to Child _____

Cell _____ Phone (other) _____

Address _____

Authorized Individual #3

_____ Name (First)	_____ (Last)	_____ Relationship to Child
_____ Cell	_____ Phone (other)	
_____ Address		

Emergency Contacts

In case of an emergency and parent/guardian is not available at the numbers listed above. (Also authorized for participant pick-up.)

Emergency Contact #1

_____ Name (First)	_____ (Last)	_____ Relationship to Child
_____ Cell	_____ Phone (other)	
_____ Address		

Emergency Contact #2

_____ Name (First)	_____ (Last)	_____ Relationship to Child
_____ Cell	_____ Phone (other)	
_____ Address		

Medical Information

In the event of my absence during a medical emergency, I (Parent's Name) _____ authorize the administration of all medical, dental, and surgical examinations, operations, treatment, and all related care, including emergency or ambulance transportation and the administration of drugs, tests, anesthesia and blood transfusions to the prior mentioned child when a physician or dentist at the treating medical facility deems those procedures necessary for emergency treatment. I consent to the release of medical report(s) to any doctor or agency and consent to the admission of the prior mentioned child to the hospital. I understand that PRO Club assumes no financial obligation or liability in case of my child's accident or illness. I also assume full financial responsibility for emergency treatment for my child. _____ Initial

Child's Physician

_____ Name	_____ Practice/Group Name	_____ Office Phone	_____/_____/_____ Date of last check-up/physical
_____ Address			

Child's Dentist

_____ Name	_____ Practice/Group Name	_____ Office Phone
_____ Address		

Preferred Hospital for Treatment

_____ Address

Insurance

Policy provided by _____

Policy Name _____

Policy ID Number _____

Policy Group Number _____

Allergy/Medical Information

Check any allergies and medical conditions PRO Club staff needs to be aware of. *Please remind the instructor of all allergies when you bring your child to our programs.

Food & Drink Allergies:

- Dairy Products
- Chocolate
- Nuts
- Fruits
- Other: _____

Comments: _____

Medication(s):

- Penicillin
- Medicine: _____
- Medicine: _____
- Medicine: _____
- Other: _____

Medical Condition(s):

- Tubes in ears
- Other: _____
- _____
- _____
- _____

>>I understand that any of these foods may be within the reach of my child during the camp. Initials _____ <<

General Authorizations and Policies

- My child has permission to attend field trips as posted in the activity schedule, by means of walking or shuttle van. _____ **Initial**
- My child has permission to participate in swimming and other water activities at PRO Club facilities. A swimming test applies for deep water activities.
Swimming Ability: Non-Swimmer Beginner Intermediate Advanced _____ **Initial**
- I will provide sunscreen and my child may apply it _____ times during the day.
- Cancellations must be made one week in advance of the start of camp to avoid being charged the full camp fee. _____ **Initial**

Photograph and Video Release

Photographs (stills) and video of your child may be used for PRO Club advertising (brochure, web, social media, etc.)

If you DO NOT agree **initial here:** _____. DO NOT use photographs or video of my child.

Waiver and Release of Liability (Read carefully before signing!)

I AGREE THAT THIS WAIVER AND RELEASE OF LIABILITY SHALL APPLY TO EACH VISIT I MAKE TO PRO CLUB, INCLUDING FUTURE VISITS, REGARDLESS OF ANY DATE OF ISSUANCE OR EXPIRATION DATE ON THE GUEST OR PERMANENT MEMBERSHIP CARD, AND REGARDLESS OF THE DATE THAT THIS FORM IS SIGNED BELOW. I UNDERSTAND AND ACKNOWLEDGE THERE IS RISK INVOLVED IN BEING IN AND AROUND PRO CLUB'S FACILITIES, INCLUDING, BUT NOT LIMITED TO, UTILIZING EQUIPMENT OR PARTICIPATING IN ANY EXERCISE OR FITNESS ACTIVITY. IN CONSIDERATION FOR BEING ALLOWED TO UTILIZE PRO CLUB'S FACILITIES, I AGREE I WILL ASSUME THE RISK AND FULL RESPONSIBILITY FOR ANY AND ALL INJURIES, LOSSES, DEATH, COSTS, OR OTHER DAMAGES, THAT MIGHT OCCUR TO ME AND/OR TO MY FAMILY WHILE ON THE PREMISES OF PRO CLUB OR PARTICIPATING IN ANY OFF-SITE PRO CLUB PROGRAM OR ACTIVITY; AND TO THE MAXIMUM EXTENT ALLOWED BY LAW, I AGREE TO WAIVE AND RELEASE ANY AND ALL CLAIMS, SUITS, OR RELATED CAUSES OF ACTION AGAINST PROFESSIONAL RECREATION ORGANIZATION, INC., ITS OWNERS, OFFICERS, EMPLOYEES, OR AGENTS (COLLECTIVELY PRO CLUB), FOR NEGLIGENCE, INJURY, LOSS, DEATH, COSTS, OR OTHER DAMAGES TO ME, MY HEIRS OR ASSIGNS, WHILE ON THE PREMISES OF PRO CLUB OR PARTICIPATING IN ANY OFF-SITE PRO CLUB PROGRAM OR ACTIVITY. I FURTHER AGREE I WILL INDEMNIFY, DEFEND AND HOLD PRO CLUB HARMLESS, TO THE MAXIMUM EXTENT ALLOWED BY LAW, FROM NEGLIGENCE, INJURY, LOSS, DEATH, COSTS, OR OTHER DAMAGES TO ME, MY HEIRS OR ASSIGNS, OR THIRD PARTIES FOR CLAIMS, SUITS, OR RELATED CAUSES OF ACTION ASSERTED AGAINST PRO CLUB ARISING FROM MY CONDUCT AND/OR MY FAMILY'S CONDUCT WHILE ON THE PREMISES OF PRO CLUB OR PARTICIPATING IN ANY OFF-SITE PRO CLUB PROGRAM OR ACTIVITY AND THIS WAIVER AND RELEASE SHALL BIND THE MEMBERS OF MY FAMILY AND MY SPOUSE OR REGISTERED DOMESTIC PARTNER, IF I AM ALIVE, AS WELL AS MY ESTATE, FAMILY, HEIRS, ADMINISTRATORS, PERSONAL REPRESENTATIVES OR ASSIGNS IF I AM DECEASED, AND SHALL BE DEEMED AS A "RELEASE, WAIVER, DISCHARGE AND COVENANT" NOT TO SUE PRO CLUB. I FURTHER AGREE TO RELEASE, INDEMNIFY, DEFEND AND HOLD PRO CLUB HARMLESS FROM ANY LIABILITY WHATSOEVER FOR FUTURE CLAIMS PRESENTED BY MY CHILDREN OR ANY OTHER MINOR CHILDREN AND/OR THEIR PARENTS, WHOSE VISIT TO PRO CLUB IS SPONSORED BY ME, FOR ANY INJURIES, LOSSES OR DAMAGES TO THEMSELVES OR ANY FAMILY MEMBER OR REGISTERED DOMESTIC PARTNER. IF ANY TERM OF THIS WAIVER AND RELEASE SHALL BE FOUND ILLEGAL, UNENFORCEABLE OR IN CONFLICT WITH ANY APPLICABLE LAW, THE VALIDITY OF THE REMAINING PORTIONS SHALL NOT BE AFFECTED THEREBY.

I have read this waiver and release of liability. _____ **Initials**

BY MY SIGNATURE BELOW I UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS.

Parent/Guardian Name _____ Signature _____ Date _____
Please print

PRO Club Staff _____ Signature _____ Date _____
Please print