

REGISTRATION FORM

Last Name: _____ First Name _____

Parent or Guardian _____ Phone: _____

Parent or Guardian _____ Phone: _____

Name of Doctor: _____ Doctor's phone number _____

Name of Dentist: _____ Dentist's phone number: _____

Health Insurance and number: _____

ALLERGIES: _____

DIETARY RESTRICTIONS _____

MEDICAL HISTORY (Please check if your child has, or has had, any of the following conditions)

<input type="checkbox"/> Hospitalized	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stroke
<input type="checkbox"/> Head injuries	<input type="checkbox"/> Seizures	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Headaches or fainting	<input type="checkbox"/> Vision Problems	<input type="checkbox"/> Asthma or respiratory
<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Had a recent injury	<input type="checkbox"/> Recent illness
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Aids	<input type="checkbox"/> Hypoglycemia
<input type="checkbox"/> Abdominal pain/problem	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Altitude sickness
<input type="checkbox"/> Skin problems/reactions	<input type="checkbox"/> Other	

IF YOU CHECKED ANY OF THE ABOVE CONDITIONS, PLEASE PROVIDE FURTHER EXPLANATION:

Medication taken outside of ABC _____ Reason _____

Medication to be taken at ABC _____ Reason _____

Medication must be in original containers and accompanied by Medication Administration Form(s) signed by you and your doctor indicating time and dosage.

ADDITIONAL INFORMATION _____

EMERGENCY CONTACTS (Name, Phone Numbers, Address) Authorized to Pick-up Your Child:

SHOULD THE STAFF RECOGNIZE THE NEED TO APPLY SUNSCREEN TO MY CHILD, I AUTHORIZE THEM TO DO SO.

I GIVE MY CONSENT FOR MY CHILD TO BE TRANSPORTED AND OR WALK TO ALL ACTIVITIES. THIS INCLUDES BUT IS NOT LIMITED TO EASTON TRAINING CENTER AND OUTSIDE CLIMBING AREAS.

I HEREBY GRANT PERMISSION FOR ABC KIDS CLIMBING TO TAKE NECESSARY STEPS TO OBTAIN EMERGENCY MEDICAL CARE UNTIL I CAN BE CONTACTED. IN EVENT OF A SERIOUS MEDICAL EMERGENCY, ABC KIDS CLIMBING HAS MY PERMISSION TO CALL AN AMBULANCE TO TRANSPORT MY CHILD FOR EMERGENCY MEDICAL TREATMENT. I ACCEPT FINANCIAL RESPONSIBILITY FOR ALL COSTS ASSOCIATED WITH THE CONVEYANCE OF MY CHILD AND FOR THE TREATMENT PROVIDED BY THE MEDICAL CARE FACILITY TO MY CHILD.

Parent or guardian signature _____ Date: _____

Print name: _____