

**Sports CLUB**  
**Child Care Enrollment Application**

**Student Information:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_ Date of Enrollment: \_\_\_\_\_ School \_\_\_\_\_

Full Name: \_\_\_\_\_

Last                                      First                                      Middle                                      Nickname

Child's Physical Address : \_\_\_\_\_

**Family Information:** Child Lives With: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ /Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ /Cell: \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

**Medical Information:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted:

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone : \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_

**Please list allergies, special medical or dietary needs, or other areas of concern:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Contacts:** Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

**I authorize Sports CLUB to apply spray on sunscreen only on my child. (Spray on sunscreen must be provided by the parent.)**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment. **(PRE K/ VPK ONLY)**
  - Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or** Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
  - Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, **or** Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).
- \* During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September. My signature below verifies receipt of the brochure on Influenza Virus, The Flu, A Guide to Parents:

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

I give permission to Sports Camp Inc. DBA Sports CLUB (SC) to record the appearance, physical likeness and/or voice on videotape, on film, or digital video disk, and/or take photographs of the appearance of my child, and to release these images to the news media, use for posting on the SC Internet Website, use in internal or external publications, or use in any other manner deemed appropriate by SC to publicize SC, its programs and activities, or to otherwise fulfill the mission of SC.

I acknowledge that SC is the sole owner of all rights in, and to, this visual and/or sound production and/or photograph(s) and the recordings, thereof, and that it has the right to use or reproduce the resulting images and/or sound as often as it finds necessary. The video and/or photographs may be used indefinitely by television, radio, newspapers, magazines, newsletters, brochures, Internet, or in other media once released. SC has the right, among other things, to edit and/or otherwise alter the visual or sound recording, or photographs, as needed. I understand I will receive no compensation for the appearance of the above-named person or for participation in said productions. I agree to hold SC, its employees, its board members, and other parties harmless against claim, liability, loss, or damage caused by, or arising from, my child's participation in this production.

**By signing below I acknowledge and agree with the statement above:**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**I do not want my child photographed or videotaped.**

I hereby acknowledge that participation in Sports Camp / Sports CLUB and related activities is at the sole discretion and judgment of the parent or guardian and involves the possible risk of personal injury. I, on behalf of my child, hereby assume all such risk. I hereby release and agree to hold harmless Sports Camp / Sports C.L.U.B., owners, directors, students and employees from all claims, actions, damages and liabilities for personal injury or damage relating to, or arising out of any Sports Camp activity except where the injury or damage is caused by the gross negligence of Sports Camp / Sports C.L.U.B. employees.

**Signature (Parent or Guardian):** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_