Club Invention Afterschool®

ACCEPTABLE BEHAVIOR POLICY

It is important to Club Invention Afterschool that all participants receive a positive and rewarding experience while attending our program. In order to ensure a safe and fun environment for all, children are expected to behave in an acceptable manner and use appropriate language. **ANY** behavior deemed to be detrimental to or in violation of Club Invention Afterschool standards, will be dealt with by the Instructor. Unacceptable behavioral instances include, but are not limited to: any form of intended harm to another participant or staff member, bullying or any form of aggression.

Any situation that involves distracting other participants or disrupting club activities will not be tolerated. It is important to remember that there are **NO REFUNDS** if a child is asked to leave Club Invention Afterschool due to unacceptable behavior. By paying your registration fee in full, you signify that you understand and agree to, the Acceptable Behavior Policy.

I have read and will abide by the Club Invention Afterschool rules. I understand that Club Invention Afterschool staff has the right to remove any person from the program that does not abide by these rules. If I am asked to leave, I understand that my tuition is nonrefundable.

Child Signature

Parent/Guardian Signature

Parent/Guardian Signature

PARTICIPANT INFORMATION FORM

Child's Name

Parent/Guardian Name

Date of Birth

Street Address

Program Location

City, State and Zip Code

City and State

Parent/Guardian Home Phone Number

Grade Level Next Fall

Parent/Guardian Work Phone Number

Parent/Guardian Cell Phone Number

PHOTOGRAPHY RELEASE

I authorize the Club Invention Afterschool program to obtain, store, and/or use (without payment) any photographs, slides and/or videotapes of my child for public relations, marketing/advertising and/or internal training purposes.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

LIABILITY WAIVER

MUST be signed in order for your child to participate.

I am the parent/legal guardian of _____ ("child"). On my own behalf and as parent and guardian, I acknowledge and agree that there is the possibility of physical injury or loss associated with my Child's participation in the Club Invention Afterschool program (the "Club Invention Afterschool Program"). I hereby release, discharge Club Invention Afterschool, its affiliated organizations, employees and associated personnel including the owners of the Club facility against any and all claims, liabilities and/or damages as a result of my Child's participation in the Program, including but not limited to, any claim that Club Invention Afterschool was negligent. I further agree to defend and indemnify Club Invention Afterschool, its affiliated organizations and employees and associated personnel if any claim is made against them by or on behalf of my Child. I understand that my Child will not be permitted to participate in the Program without my signing this Agreement. Finally, I acknowledge that Club Invention Afterschool is an Ohio organization and I agree that Ohio law will govern the interpretation and validity of this liability waiver.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

ALTERNATIVE CONTACTS/ TRANSPORTATION ARRANGEMENTS

In the event of an emergency, I authorize the following individual(s) to pick up my child from the program:

Name/Relationship _____ Phone Number _____

Name/Relationship _____ Phone Number _____

My child may:

❑ Walk and/or ❑ Ride his/her bicycle home

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

EMERGENCY MEDICAL CONSENT

In the event that reasonable attempts to contact me and the two alternate individuals that I have designated at the phone numbers that I have provided on this form have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the physician, dentist and/or hospital, as applicable, listed below:

Preferred Physician _____ Phone Number _____

Preferred Dentist _____ Phone Number _____

Preferred Hospital _____ Phone Number _____

In the event that the designated preferred physician, dentist, and/ or hospital, as applicable, is not available, I hereby give my consent for the administration of any treatment deemed necessary by another licensed physician or dentist at any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists (as applicable), concurring in the necessity for such surgery, are obtained before surgery is performed.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

EMERGENCY MEDICAL REFUSAL

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

_____

Do not sign if Emergency Medical Consent was authorized above.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PARTICIPANT MEDICAL INFORMATION

Allergies (food, medication, etc.): _____

Activity restrictions or precautions: _____

List any medication child is currently taking:

_____

List any special needs, important medical history/behavior and/ or accommodations that can be made to make your child's experience more successful:

_____

_____

❑ My child is carrying an inhaler and is authorized to self-administer as needed. (Physician's order has been completed at the bottom of this form.)

❑ My child is attending with an epinephrine injection to be administered in the event of a severe allergic reaction.

IMPORTANT: Epinephrine administration authorization forms must be completed by parents and the physician, and the Instructor must be trained in the administration of the epinephrine injection prior to the start date of the program. Parents of participants with such severe allergies should call 800.968.4332 to acquire these forms and begin making the necessary arrangements.

PHYSICIAN'S ORDER FOR PRESCRIBED ORAL MEDICATION

All medication must be delivered in the original container in which it was dispensed and administered by a pre-authorized individual designated by the parent/guardian. No member of the Club Invention Afterschool program is permitted to administer medication.

I have arranged, and hereby authorize, the administration of prescribed medication for my child to be handled as follows:

Name of Medication _____ Dosage _____

Name of Authorized Individual to Administer Medication _____ Date(s) and Time(s) of Administration by aforementioned individual _____

Name of Issuing Physician _____ Issuing Physician Emergency Phone Number _____

Significant side effects (adverse reactions) that should be reported to the physician: _____

Issuing Physician Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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