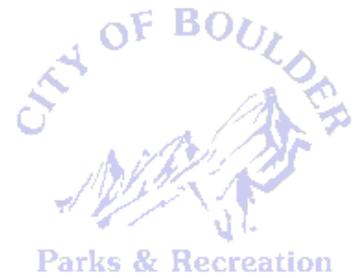


Registration Form
Child Care



Today's Date _____

Child's Name _____ Birth Date ____/____/____
Last First

Child's Name _____ Birth Date ____/____/____
Last First

Name of Parents/Guardians

Mother _____
Last First

Father _____
Last First

Address _____

Phone Number Home _____ Work _____ Ext _____

Cell Phone _____

Person(s) Authorized to pick up Child

1. _____ 2. _____

Emergency Number to call if parent can NOT be reached

Name _____ Phone _____

Any Allergies or Health problems we need to be aware of?

Special Instructions _____

CITY OF BOULDER CHILD CARE PROGRAM

ADVISEMENT OF RISK, RELEASE AND MEDICAL AUTHORIZATION

Please read this form carefully and be aware that in registering your child/ward for participation in this Child Care Program you are advised of the risks which your child/ward may experience as a result of participating in this Program.

The Child Care Program is an activity in which, despite preparation, instruction, medical advice and equipment, there is still a risk of injuries incurred as a result of playground/room activities, such as the following. This list is by no means complete or exclusive, but includes:

- | | |
|--|------------------------------------|
| 1. Falling down, tripping, bumping | 6. Choking |
| 2. Back injury | 7. Allergies |
| 3. Bone and joint injuries | 8. Head, neck, and spinal injuries |
| 4. Muscle strain and other muscle injuries | 9. Heat stroke or heat exhaustion |
| 5. Cuts, scrapes | 10. Sunburn |

In the event of any emergency, I authorize City officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above. I understand this agreement shall not be modified orally.

Participant/**CHILD**/Ward Name(s) _____ Date _____
Please print

Birth Date _____ Age _____ Sex: M ____ F ____

Address _____ Zip _____
Code _____

Home Phone _____ Cell
Phone _____

I have read and fully understand the Advisement of Risk, Release and Medical Authorization:

Participant/**PARENT**/Guardian
Signature _____

CHILD/WARD