



131 Constitution Way
 Nampa, ID 83686
 (208)468-5858

NAMPA RECREATION CENTER
Kids in Action
Child Profile Sheet 2020-21

Last Name: _____

Child's Name _____ D.O.B: ____/____/____ Sex: M F
 (First) (Last)

Home Address _____ Child's School _____
 (Street/PO Box)

Age _____ Grade _____
 (City) (State) (Zip)

Rec Center Passholder Non Passholder

Mother's Name _____ Place of Work _____
 (First and Last)

Primary Contact Work Phone # _____

Mother's Home Address _____ Cellular Phone # _____
 (Street/PO Box)

Home Phone # _____
 (City) (State) (Zip)

Email Address _____

Father's Name _____ Place of Work _____
 (First and Last)

Primary Contact Work Phone # _____

Father's Home Address _____ Cellular Phone # _____
 (Street/PO Box)

Home Phone # _____
 (City) (State) (Zip)

Email Address _____

PICK UP ELIGIBILITY

In the event that you are unable to pick up your child, please give name(s) of the following person/people authorized to pick up your child and their relation to your child. Please include all authorized people **including yourself and spouse**. For the child's safety, *Kids in Action Day Camp/Preschool* staff will not allow your child to leave with anyone who is not listed below. All people picking up a child from the program will be required to show a form of photo identification, and must be 18 or older. **Requests to add or delete eligible adults to pick up your child must be made in person.**

Name: _____

Relation/Age: _____

Name: _____

Relation/Age: _____

Name: _____

Relation/Age: _____

Name: _____

Relation/Age: _____

Name: _____

Relation/Age: _____

Name: _____

Relation/Age: _____

Emergency contact (if parent cannot be reached):

Name _____

Telephone _____

Name _____

Telephone _____

PLEASE FILL OUT BACK Æ Æ

MEDICAL RESPONSE

Name of Insurance _____ Policy # _____ Group # _____

Child's Physician _____
(Name) (Street/PO Box) (City) (Zip)

Please list any medical information regarding your child that the *Kids in Action Day Camp/Preschool* staff or other medical professionals should know about

WAIVER AND RELEASE OF ALL CLAIMS

Joint Waiver: I acknowledge that I am signing this waiver on behalf of myself, on behalf of any other guardian or guardians of my child/ward, and on behalf of my child/ward. I affirm that I am legally authorized to do so, and I affirm that I have obtained the permission of the foregoing individuals and any and all other individuals necessary for all acknowledgments and permissions granted in this WAIVER AND RELEASE OF ALL CLAIMS. I agree to indemnify, defend, and hold harmless the City of Nampa and the Nampa Recreation Center from any and all claims related to the foregoing affirmations. I acknowledge that in every place in this Waiver where the word "I" is used, that word is inclusive of myself and any and all other guardians of my child/ward.

Notice of Risk: I recognize and acknowledge that there are certain risks of physical injury to participants in the Day Camp/Kids in Action Program and associated activities, and I agree to assume the full risk of any injuries, damages or loss regardless of severity, including death, which I, my spouse, or my minor child/ward may sustain as a result of participating in Kids In action, Day Camp, Rock Climbing, Swimming, Preschool and any other activities connected with or associated with such program(s). My waiver and release of all claims pertains to my child's/ward's participation on this day and all days my child/ward may be registered for in the future.

Waiver and Release of All Claims: I agree to waive and relinquish all claims I, my spouse, or my minor child/ward may have as a result of participation in the program against the City of Nampa and all other cooperating agencies, employees, officials and/or managers thereof from any and all claims from injuries, damage or loss which I or any minor child/ward may have or which may accrue to me, my spouse, or minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

Medical Care: I further agree to indemnify and hold harmless and defend the City of Nampa and all other cooperating agencies, employees, contracted workers, officials and/or managers thereof from any and all claims resulting from injuries, damages, and losses sustained by me, my spouse, or my minor child/ward arising out of, connected with, or in association with activities of the above program(s). In the event of any emergency, I authorize the program officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me, my spouse, or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Promotional: I recognize that I, my spouse, or my minor child/ward may be photographed while participating in a program. I agree that the City of Nampa may use these photographs, free of charge and without notice to myself or any other party, for promotional materials in a brochure, magazine, newspaper, or any other type of display the City sees fit.

Transportation: I am aware that the Nampa Recreation Center will provide transportation. Transportation will be provided through transportation methods deemed fit by the Nampa Recreation Center. I agree to allow the transportation of my child/ward to and from the Nampa Recreation Center facility. I further agree to waive, relinquish, indemnify, and hold harmless the City of Nampa and all other cooperating agencies, employees, contracted workers, officials, and/or managers thereof from any and all claims resulting from injuries, damages, and losses sustained by my minor child/ward arising out of, connected with, or in association with activities of the above program.

Program Fees: I agree to pay any and all cost incurred by my child/ward's participation in the Kids in Action Day Camp/Preschool program including but not limited to regular registration fees, late registration fees, late pick up fees, and collection cost.

Acknowledgment: I have read and understand the Program Details, Waiver and Release of All Claims, and Permission to Secure Treatment. Before registration in this program is valid, this Waiver and Release of All Claims must be signed by the participant. Where the participant is less than 18 years of age, this Waiver and Release of All Claims must be read and signed by the participant's parent or legal guardian.

Parent/Legal Guardian's Signature: _____ Date: _____