



CHILD WATCH RELEASE FORM, EMERGENCY CONTACT INFORMATION AND CONSENT FORM

Child's Name: _____ **Birth Date:** _____
Address: _____

Parent/Guardian #1 Name: _____
Telephone: Home _____ **Work** _____ **Beeper/Cell** _____

Parent/Guardian #1 Name: _____
Telephone: Home _____ **Work** _____ **Beeper/Cell** _____

EMERGENCY CONTACTS (to whom child may be released if guardian is unavailable)

Name #1: _____ **Relationship:** _____
Telephone: Home _____ **Work** _____ **Beeper/Cell** _____

Name #2: _____ **Relationship:** _____
Telephone: Home _____ **Work** _____ **Beeper/Cell** _____

In consideration of the children services offered by Utopia Fitness to the child(ren) referenced below, the claims which the undersigned may have, or claim to have, or in the future have, against Utopia Fitness, its successors and assigns (hereinafter "UF") for all personal injuries or claims of any kind or nature known or unknown, caused by or arising out of the child care/watch services provided by Utopia Fitness, its agents, and employees.

GENERAL POLICY:

- All parents/guardians must read and follow Rules, Security and Safety of the Child Watch.
- All children **MUST** be signed in by a parent or legal guardian upon arrival.
- You may be paged to return to Child Watch for any of the following reasons: illness, injury, diaper change or other help in the bathroom, disruptive or unmanageable behavior.
- Food, snacks or drinks are not provided, staff do not change diapers nor take child to the bathroom. Parent must respond promptly if your child needs to use bathroom or new diaper.
- Label all of your child's belongings and make sure that their needs have been taken care of before coming to Child Watch.
- Please inform the staff of any special instructions or needs for your child **each time** you visit.
- If toys are brought from home, please be sure to explain the need to share with other children in Child Watch.
- Be considerate of others and **keep sick children at home**. Child Watch is for well children only. **We have the right to refuse any child admittance** to Child Watch.
- For safety reasons, children must wear shoes.

PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES: As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I consent for the emergency contact person listed above to **ACT ON MY BEHALF** until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

I HAVE READ AND UNDERSTOOD THE CHILD CARE/WATCH RELEASE, CONSENT AND GENERAL POLICY

Parent/Guardian Signature: _____ **Date:** _____