Membership Information Form

_______ Kids Rock University (K.R.U.)

_______ Assets in Motion (A.I.M.)

New Member		
Previous Member		# of Years

Attach Child Picture Here

CONTACT INFORMATION

Child's First Name	Child's Middle Name		Child's Last Name	Nickname
Name of Person Member Lives With	Home Phone Number		Emergency Contact Name	
Home Address			Emergency Phone & Extension	
City	State	Postal Code	Email Address	

DEMOGRAPHIC INFORMATION

Gender	Male		Birthdate	Age	Grade	Ethnicity	School
	Female						
Family Totals		Sisters	Brothers	Household			

PARENT/ GUARDIAN INFORMATION

Father's First Name	Father's Last Name	Father's Work Phone
Father's Employer	Father's Occupation	
Mother's First Name	Mother's Last Name	Mother's Work Phone
Mother's Employer	Mother's Occupation	Mother's Maiden Name
Guardian's First Name	Guardian's Last Name	Guardian's Work Phone
Guardian's Employer	Guardian's Occupation	

MEDICAL/ EMERGENCY INFORMATION

Medical Problems/ Allergies		Medications
Physician	Physician Phone	Insurance Company
Preferred Hospital or Clinic	Hospital Phone	Insurance Policy Number

AUTHORIZED PICK-UP INFORMATION

First Name	Last Name	First Name	Last Name
First Name	Last Name	First Name	Last Name
First Name	Last Name	First Name	Last Name

Authorized Password	Persons Not Authorized

MEMBER INFORMATION

Hobbies	Participation in other Youth Programs:
Can Member Swim? Yes/No	Comments:

CONFIDENTAL INFORMATION: The following information is necessary for our records and the funding for our organization receives. The answers you provide are completely confidental. Your cooperation in providing this information is both appreciated and necessary.

Member's Social Security Number	Medicaid Number	Annual Family Income

Check all that Apply

	SSDI		Food Stamps	Child's Family Setting
	SSI		General Assistance	Disability
	TANF		Reduced School Lunch	
	Day Care Voucher		Vet. Compensation	Child's Household Type

I have read the completed application, understand the rules of Cripple Creek Parks and Recreation and Cresson Elementary School and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter that Cripple Creek Parks & Recreation and Cresson Elementary will not be responsible for any accident to the boy/ girl while on the premises or while engaged in any of its activities away from Cripple Creek Parks & Recreation or Cresson Elemntary School. I give my consent for photographs, in which my son/ daughter may appear, to be used in any way Cripple Creek Parks & Recreation may care to use them.

Parent or Guardian Signature	Member Signature	Date (MM/DD/YYYY)

A copy of the Immunizations must be on file for the child to attend this program.

MEDICATION POLICY

All medications taken by this child during program time will be held by the Recreation Program Manager until correct times to be given. Children are not allowed to keep medications with them. The medication log should be completed by the parent for correct dispensing of all mediaction at check in time. Medications will be given only if the following criteria are met: must be in original containers with the original labels bearing the prescription number, medication name, date filled, physician's name and pharmacy phone number. Over the counter medications must be in original containers and the physician must sign a form giving allowable dosages.

I agree with and understand the Medication Policy

Parent Signature	Date

I hereby grant permission to the medical personnel selected by the KRU/AIM staff to order x-rays, routine tests & treatment for my child. In the event the parents/ guardians cannot be reached in an emergency. I hereby grant permission to the physician selected by the KRU/AIM staff to hospitalize, secure proper treatment, and order injections, anesthesia, and/or surgery for my child as named above. I accept financial responsibility if sudden treatment is necessary. I understand this consent does not waive or diminish my rights.

I agree with and understand the Medical Personnel Policy

Parent Signature	Date

PERSONAL RELEASE STATEMENT

I understand that the registered activities and services may have an elemnt of hazard or inherent danger and I take full respopnsibility for my action and the physical condition of my child. I agree to the indemnify and hold harmless the City of Cripple Creek and its employees from liability, loss, cost or expenses (including attorney's fees, medical and ambulance costs) that this child may incur while participating in KRU/ AIM activities.

Parent Signature	Date	

I hereby agree to comply with all the rules and regulations of the KRU/AIM program regarding fees, attendance, health, and other specified program policies by Cripple Creek Parks & Recreation. I hereby grant permission for my child to participate in all programmed KRU/AIM activities.

Parent Signature	Date	

In accordance with my decision to register this child for the KRU/AIM program, I hereby acknowledge that I have received and read a copy of the Parent Information Manual and agree to abide by those listed. I further acknowledge that these are subject to change.

Parent Signature	Date	

FIELD TRIPS

I hereby grant permission to the City of Cripple Creek Parks and Recreation Department to transport my child in the Parks and Recreation bus for field trip purposes. I also agree to allow my child to participate in local field trips in Cripple Creek, on foot or the City of Cripple Creek buses.

Parent Signature	Date	

WALKING DISCLAIMER

I understand that the City of Cripple Creek is not responsible for children that walk to and from the youth programs until they are signed in/out of the program either by themselves, a parent/guardian, or an authorized alternate. Please check the following that you approve:

	Walk to the program in the morning at:	
	Leave the program in the afternoon at:	
	Ride the shuttle after the program to:	

Parent Signature	Date	

MOVIE DISCLAIMER

My child can watch movies with the following ratings: G PG PG-13

Are there any activities in which you DO NOT want your child to participate?	

If so, please explain:

SUNSCREEN PERMISSION FORM

Your child's care provider will assist with applying sunscreen to bare surfaces including the face, tops of ears and bare shoulders, arms, legs, and feet 15-30 minutes before outdoor activities. Sunscreen will not be applied to any broken skin or if any reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. It is the parent's responsibility to provide sunscreen with a minimum SPF 15.

	In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by Parks & Recreation Staff. (Rocky Mountain Sunscreen SPF 45).
	I do not want my child to use any other sunscreen other than the one he or she brings.

Parent Signature	Date	