

Kids Klub 2024/2025
Enrollment & Emergency Contact Form

All fields are required

Child's Name: _____ Preferred Nick-Name: _____

Age: _____ Gender: _____ Birthday: _____

Parent/Guardian's Name: _____ Day Phone: _____

Address: _____

City: _____ Zip: _____ Email: _____

Any information we should be aware of regarding your child:

Allergies _____

In case of emergency, if parents can't be reached, please contact:

1. _____ Phone _____

2. _____ Phone _____

Name and Telephone Number of Family Physician: _____

Preferred Hospital(s): _____

Parent/Guardian Signed _____ Date _____

**Kids Klub 2024/2025
Enrollment & Emergency Contact Form**

DIAPER CHANGING CONSENT (CHILDREN UNDER 3)

I hereby grant the MAC Kids Klub staff to change my child’s soiled diaper as needed during their Kids Klub visit.

_____ YES, I GRANT PERMISSION _____ NO, I WILL CHANGE MY CHILD’S DIAPER AS NEEDED

***ONCE CHILDREN ARE 3 YEARS OLD AND UP, PARENTS WILL BE PAGED OR CALLED TO CHANGE DIAPERS OR CLOTHING IF NEEDED.**

MEDIA/PHOTO CONSENT

I hereby grant Michigan Athletic Club (“the MAC”) permission to videotape or photograph my child during MAC activities. Additionally, I am aware that the Media may be present during MAC activities, and the Media may videotape and/or photograph my child during those times. I grant permission for the MAC to use such recordings or photos for promotions within the MAC, its publications, or in appearances in local Media outlets. I understand that I am not entitled to, nor will any royalties be paid to me or my child for the use of these photographs. My child’s name will not be used in any of the MAC’s publications without my express, written permission separate from this consent.

_____ Yes, I grant permission _____ No, I wish opt out

Participation

The above applicant has my permission to participate in all MAC Kids Klub activities. I affirm that there are no known medical conditions that would prevent my child from participating in any of the activities. Emergency treatment for my child is authorized provided the Parent/Guardian cannot be reached. I agree to release and hold harmless the Sparrow Michigan Athletic Club, their staff, agents, and officers from or for any claims, or liability of damages that may result from an incident during this activity.

I, _____, hereby give my consent for the staff of Sparrow Michigan Athletic Club to seek medical attention for _____ in the case of an emergency. This will be in effect while my child is in the care of Michigan Athletic Club staff.

Parent/Guardian Signed _____ **Date** _____