



Kids Drop Off Form

Day 8:30am-3:30pm
Extended Day 8:30am-5:30pm

Parent's Name: _____ Date: _____

Email Address: _____

Address: _____

City: _____ State: **NY** Zip: _____

Home Phone # _____ Cell # _____

Child's Name: _____ AGE: _____

Child's Name: _____ AGE: _____

Child's Name: _____ AGE: _____

Doctor Information:

Emergency Contact other than parent:

ALLERGIES:

MEDICATIONS:

Emergency Authorization: _____ Day \$90 Extended \$125

The information on this form is confidential and for emergency use only. In the event of a medical emergency, this information will be used by authorized emergency personnel. Please inform us of any pertinent information we should be aware of.

Emergency treatment authorization: I/we, the undersigned parent(s) of legal guardian of _____, a minor, do hereby give authorization and consent to Sportime USA to obtain emergency medical care and necessary transportation, including x-ray examination, anesthetic, medical or surgical diagnosis and emergency hospital which is deemed advisable by and is to be rendered under the general or specific supervision of medical and emergency room staff licensed under the provisions of the state of NY. It is understood that all effort shall be made to contact the undersigned prior to rendering treatment to the child, but that any of the above treatment will not be withheld if the undersigned or authorized adults cannot be reached. In the case of an emergency contacts listed on this form may be notified in an emergency, as needed.

Release of liability: Even with the best of planning and precaution, unforeseen events can happen. Knowing this, I give permission for my child to participate in Sportime USA's planned activities. I agree to assume and accept all risks and hazards inherent in social activities. I give my consent to allow my child to participate in all activities. I permit Sportime USA to take photographs of my child for advertising related materials including their website. I hereby release Sportime USA and its staff from any liability for injury that my child may sustain during activities. I understand that I am signing for the minor(s) listed on this form and in my own capacity as parent or legal guardian and the signature is for medical, liability and photo/information release.

Dates: _____

Dates: _____

Dates: _____

Dates: _____

Dates: _____

SUB- TOTAL: _____

Signature(s) of parent or legal guardian(s) : _____

Printed names(s) of parent or legal guardian(s) _____

PLEASE NOTE: THERE IS A CHARGE OF \$1 PER MINUTE IF YOUR CHILD IS NOT PICKED UP ON TIME