



Wings Center Registration & Liability Release  
**Club Kid Summer Daycamp 2010**  
 FOR CHILDREN ENTERING 1<sup>ST</sup> GRADE THROUGH 9<sup>TH</sup> GRADE

<b>OFFICE USE ONLY</b>	
Immunizations Received	_____
T-Shirt Paid	_____
Entered in Database	_____
Copy to Director	_____

How did you find out about us? Web Search\_\_ Friend/Family Member\_\_ Treasure Valley Family Ad\_\_ Kids Directory Ad\_\_  
 Newspaper Ad\_\_ Phone Book\_\_ Child Care\_\_ Television\_\_ Radio\_\_ Mail Piece\_\_ Other:\_\_\_\_\_

**PLEASE INITIAL**

Immunizations Required at Registration \_\_\_\_\_  
 Food, Snacks, & Drinks Provided by Parents \_\_\_\_\_  
 Deposits are Non-Refundable \_\_\_\_\_  
 Two-Week Written Drop Notice Required \_\_\_\_\_  
 Wings T-shirt Required for Field Trips \$10.50 \_\_\_\_\_

**NON-REFUNDABLE DEPOSIT:**

Monthly Enrollees - \$260 per child  
 Daily or Weekly Enrollees - \$100 per child  
**DEPOSITS ARE APPLIED TOWARDS TUITION FEES**

Today's Date: \_\_\_\_\_

Child's Start Date: \_\_\_\_\_

No School Days Needed? Yes No  
 Dates: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Employer: \_\_\_\_\_ Mother's E-mail: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Employer: \_\_\_\_\_ Father's E-mail: \_\_\_\_\_

Family Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

Choice of Hospital: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

Dentist: \_\_\_\_\_

What medications is your child taking? \_\_\_\_\_

Any allergies or medical information we should know about? A SEPARATE FORM MUST BE FILLED OUT WITH A CLUB KID STAFF MEMBER

1<sup>st</sup> Student's Full Name: \_\_\_\_\_ Male/Female Birthdate: \_\_\_/\_\_\_/\_\_\_ Grade Entering: \_\_\_\_\_

2<sup>nd</sup> Student's Full Name: \_\_\_\_\_ Male/Female Birthdate: \_\_\_/\_\_\_/\_\_\_ Grade Entering: \_\_\_\_\_

3<sup>rd</sup> Student's Full Name: \_\_\_\_\_ Male/Female Birthdate: \_\_\_/\_\_\_/\_\_\_ Grade Entering: \_\_\_\_\_

Names of those authorized to pick up child/children (I.D. required):

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Student 1: \_\_\_\_\_

Student 2: \_\_\_\_\_

**LIABILITY  
& RELEASE  
FORM ON  
BACK**

June				
M	T	W	Th	F
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	1	2

July				
M	T	W	Th	F
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

August				
M	T	W	Th	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27

June				
M	T	W	Th	F
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	1	2

July				
M	T	W	Th	F
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

August				
M	T	W	Th	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27

## ***Liability Release Form Please read carefully and sign as indicated***

In consideration of allowing the previously-declared participant(s) to begin participation in Wings Center activities, while on the premises and property of said Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless Wings, Inc., and Idaho Corporation, its owners, officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Wings Center is conducted, or any premises under the control and supervision of Wings, Inc., its owners, officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by Wings, Inc., its owners, officers, agents, or employees.

### **Assumption of Risk**

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises described above. The corporation may but shall not be obliged to carry insurance on the participant(s), and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release. In signing this Release, the undersigned acknowledges:

- a) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
- b) That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

### **Medical Release**

The undersigned gives permission for the Wings, Inc. owners, officers, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

### **Marketing Release**

Occasionally the Wings Center uses photos or video of its students in print ads, on its website, or in other marketing mediums. I understand that my child's likeness may be used in such advertising. These images will be used for Wings Center purposes only, and will not be given or sold to outside companies or individuals.

### **Transportation Release**

I give permission for my child to be transported either by Wings Center transportation or by other commercial or public transportation for field trips or school.

### **Payment Information**

**No spot is guaranteed until payment has been received. If payment or payment arrangements have not been received by the 10<sup>th</sup> of the month, a \$17.50 late fee will be applied and we will be unable to provide pick up or care for your child.** If, however you need to make different payment arrangements please come to the business office and we'll be happy to work something out. There is a \$20 returned check charge for any checks returned by the bank. ICCP payments are made to us by the state a month behind, your portion is still due by the 10<sup>th</sup> of the current month. We do not credit for individual days missed, because you are already receiving a discounted rate for paying for the entire month rather than the daily rate. No refunds will be given. Wings Center does require a two (2) week written notice to Wings Center of any intent to discontinue. I understand that if my check is returned by the bank, or I am late with payments, that Wings Center will require automatic credit or debit card payments from that point forward.

NO DROP-IN SERVICE AVAILABLE. NO CHILD WILL BE ACCEPTED WITHOUT PRIOR REGISTRATION AND AUTHORIZATION. REGISTRATION WILL ONLY BE ACCEPTED AT THE FRONT OFFICE AND IS BASED ON AVAILABILITY. IF YOU BRING YOUR CHILD ON A DAY THAT YOU ARE NOT PRE-REGISTERED FOR, THEY CANNOT BE ACCEPTED.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Participant Signature (if over 18 years of age)** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Credit or Debit Card Charge Authorization Agreement (Monthly Auto-Pay)**

I hereby authorize Wings, Inc., dba Wings Center, to charge my credit or debit card for all services and products related to my family's enrollment in classes and activities at the Wings Center, including but not limited to tuition, memberships, special events, accessories, etc. (Note: Fees are subject to change). I understand that my credit or debit card will continue to be charged on a monthly, session or periodic basis unless I notify the front office at the Wings Center. I understand that it will not be sufficient notice to merely tell an instructor or supervisor of our intent to discontinue. I have read this entire agreement and understand that I will be held fully responsible for its terms and conditions of service, including a two (2) week written notice to Wings Center of any intent to discontinue. I agree to notify Wings, Inc. immediately of any change in the status of my charge account including but not limited to card expiration, name change, limitation of use, loss or theft of the card, etc. In the event that the amount charged is refused for whatever reason, I accept responsibility for full payment for the amount charged as well as any late charges incurred.

Credit or Debit Card Type: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

**Parent/Guardian Name (print)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_