

Start Date	School	Program

Official Use Only

# Outta Bounds Events, Inc.

## Registration Forms

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

Please Print Clearly

Your child's safety depends on the accuracy of this information.

### Child's Information:

First Name:		Last Name:	
Nickname:	Gender:	Date of Birth and Age:	
Home Address:			
City:	State:	Zip Code:	
Home Phone Number:		Child's Cell Number:	

**Person to call first:** \_\_\_\_\_ Phone Number: \_\_\_\_\_ Home – Work – Cell  
(Circle One)

### Parent/Guardian Information:

First Name:	Goes by:	Last Name:	
Home Address (if different)			
City:	State:	Zip Code:	
Home Phone Number:		Work Number:	
Cell Phone Number:		E-mail:	

### Second Parent/Guardian Information:

First Name:	Goes by:	Last Name:	
Home Address (if different)			
City:	State:	Zip Code:	
Home Phone Number:		Work Number:	
Cell Phone Number:		E-Mail:	

### People authorized to pick-up your child:

<b>Name:</b>		Relationship:	
Cell Phone:	Work Phone:	Home Phone:	
<b>Name:</b>		Relationship:	
Cell Phone:	Work Phone:	Home Phone:	

## Child's Health Report- Parent's Report

Child's Name:	Gender:	Birth Date:
Parent/Guardian Name:		Lives with child (Yes or No):
Second Parent/Guardian Name:		Lives with child (Yes or No):

Child is undergoing treatment at this time for the following conditions: (describe below):  None.

Medication: <input type="checkbox"/> No daily medications <input type="checkbox"/> Will take prescribed medication(s) while at camp	Name:	Dose:
	Name:	Dose:
	Name:	Dose:

Immunizations History	<input type="checkbox"/> My child's immunizations are current (Please attach a copy of immunization record.)
-----------------------	--

Tuberculosis Test (TB)	Date: _____	<input type="checkbox"/> negative <input type="checkbox"/> positive
------------------------	-------------	---

If your child has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

**\*Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

Restrictions: I have reviewed the program and activities of the camp and feel my child can participate <input type="checkbox"/> Without restrictions <input type="checkbox"/> With the following restriction or adoptions. (please describe) _____
--

Allergies: <input type="checkbox"/> No known allergies <input type="checkbox"/> Has allergies (please list)	Allergic to:	Medication:
	Allergic to:	Medication:
	Allergic to:	Medication:

Please list things we should know about. (divorce, ADD, custody, adoption, foster care, dyslexia, fears)
--

### First Aid

In the event of an emergency, I authorize the Outta Bounds Events, Inc. staff to provide any first aid care deemed necessary for my child.

<b>*Parent Signature:</b>	<b>Date:</b>
---------------------------	--------------

### Field Trip Permission Slip

I give the Outta Bounds Events, Inc. permission to transport my child to and from local field trips.

<b>*Parent/Guardian Signature:</b>	<b>Date:</b>
------------------------------------	--------------

## Authorization for the Treatment of a Minor

I (we), the undersigned, Parent(s), Legal Guardian, of \_\_\_\_\_, a minor, DO HEREBY AUTHORIZE OUTTA BOUNDS EVENTS, INC. AND IT'S EMPLOYEES TO CONSENT TO ANY MEDICAL TREATMENT DEEMED NECESSARY BY A LICENSED PHYSICIAN, DENTIST, OR MEDICAL EMERGENCY PERSONNEL. It is understood that I, the Parent/Guardian, will assume financial responsibility for costs incurred for treatment or hospital care. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

I have read and understand the above Authorization for the Treatment of a minor.

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

Parent or Guardian Name:	Relationship:
Child's Name:	Date of Birth:
Allergies:	
Medical Conditions:	Date of last Tetanus:
Medication taken daily:	Dosage:
Reason for medication:	
Physician:	Phone Number:
Medical Insurance Provider(include medical card photo copy)	Medical Policy #:
Dentist:	Phone Number:
Dental Insurance Provider:	Dental Policy #:

## Financial Contract

To be filled out by person responsible for the payment of tuition.

Full Legal Name:	Relationship to child:	
Address:		
City:	State:	Zip Code:
Social Security Number:		

**I understand:**

- The \$50 registration fee is not refundable.
- The cancellation policy listed on the Outta Bounds Events website.
- I am obligated to pay for any camp I sign-up for, regardless of attendance.
- Tuition is due the first day of camp and after that may be subject to a late fee.
- There is a \$1.00 per minute, per child late fee for children picked up after 6:00 P.M.

I have read and understand the above Financial Contract.

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

## Release from Liability

I voluntarily agree to have myself and my child participate in programming conducted by Outta Bounds Events Inc. I realize that every precaution is taken to eliminate any injury or hazards to myself or my child, and that a competent supervisor is present; however, in the event of any injury to myself or my child, I hereby waive, release, and hold harmless from any liability for damages or claims for damages for personal injury including accidental death, as well as, from claims for personal property damage which may arise in connection with Outta Bounds Events Inc., The City of Mission Viejo, and/or officers, agents, and employees of these organizations.

I have read and understand the above Release of Liability.

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

### Office Use Only

Registration Fee:	Check #:	Date:
Child's Start Date:	Withdrawal Date:	Received T-Shirt on _____ by: _____