



## Program Enrollment Form

(please print clearly)

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

1st Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Email: \_\_\_\_\_

2nd Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Email: \_\_\_\_\_

3rd Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Email: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other Medical Information: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Insurance Contact Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Hobbies, Interests, Favorites: \_\_\_\_\_

# Outta Bounds Events - Policies and Consent

## Authorization for the Treatment of a Minor

I, the undersigned, Parent or 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 provisions of Section 25.8 of the Civil Code of California.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Release of 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 Saddleback Valley Unified School District, and/or officers, agents, and employees of these organizations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## First Aid

I authorize the Outta Bounds Events Inc. staff to provide any first aid care deemed necessary for my child for any injury sustained while they are in our care. If any costs are sustained for medical treatment, we accept financial responsibility for those fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment Policy

Although a credit card is required to register, no charges will be made unless you initiate them through the Family Portal (your online account). You may also pay registration and tuition with cash or a check at the center. Tuition for any program is due on or before the first day of each session or event. If tuition is not paid prior to an event, your card will be charged and you may be assessed a \$20 late fee. If you would like tuition to be automatically charged on the first day of each session or month, please email your request to our staff.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_