

# 2019 Children's Application



HIGHLANDS RANCH  
COMMUNITY ASSOCIATION

## Child Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: Colorado Zip: \_\_\_\_\_  
Sex: M F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Parent Contact #1 Information - Call 1st

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: Colorado Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Emp. Address: \_\_\_\_\_

## Parent Contact #2 Information - Call 2nd

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: Colorado Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Emp. Address: \_\_\_\_\_

## Medical Information

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Allergies/Medical Problems: \_\_\_\_\_

## Other Emergency Contacts

### Contact #1:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
2<sup>nd</sup> Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Authorized Pick-Up: Yes No  
Emergency Contact: Yes No

### Contact #2:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
2<sup>nd</sup> Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Authorized Pick-Up: Yes No  
Emergency Contact: Yes No

### Contact #3:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
2<sup>nd</sup> Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Authorized Pick-Up: Yes No  
Emergency Contact: Yes No

## Program Release

In the event that a parent/guardian or emergency contact cannot be reached in a medical emergency, I authorize treatment for my child \_\_\_\_\_ to preserve life and prevent disability to begin without delay.

In the event that a parent/guardian or emergency contact cannot be reached in a dental emergency, I authorize treatment for my child \_\_\_\_\_ to minimize and/or repair trauma to teeth, jaw, tongue and gums.

The undersigned parents or legal guardians of \_\_\_\_\_ hereby give permission for the minor to participate in the Preschool programs sponsored by the Highlands Ranch Community Association by and through the Highlands Ranch Recreation Centers.

If the minor walks to and from the center, I/we understand I/we have sole responsibility and liability for that walking. I/we, the parent(s)/guardians(s) of the minor child, hold harmless and indemnify the Association, and its officers, director, employees, agents, assigns, legal representatives, contractors, and volunteers from and against all loss, liability, damage and claims of injury to the minor arising out of or in any way related to, the above activity or the use of any facility involved. I/we understand that some of the above persons are volunteers receiving no compensation who are in a non-profit corporation serving young persons in Colorado. In the event the minor is injured, we do hereby consent to first aid treatment of the above persons and to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to the minor under the supervision of any licensed physician, dentist, surgeon, paramedical, or emergency treatment technician.

I/we, the parent(s)/guardians(s) of the minor child agree to the use of pictures and/or the likeness of our child to be used in printed materials by the HRCA.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

## Activity Release

Child's Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ (Please initial applicable boxes)

### Non-Participation

I prefer that my child does not participate in the following children's activity/activities: \_\_\_\_\_

### Movie Permission

I authorize my child to view movies while in the children's program. All movies will be G or PG. All PG movies will have been selectively screened before viewing.

### Sun Screen Permission

I authorize the HRCA Children's staff to apply sunscreen to my child. I will provide labeled sunscreen for application. If sunscreen is not provided, the HRCA Children's Program has permission to use "NO AD" SPF 30 sunscreen.