

FLY TRAMPOLINE PARK SUMMER CAMP

EMERGENCY CHILD RECORD

Name of Child: _____ Birthdate: _____
Last First Middle

Mother			Father		
Home Address			Home Address		
City	State	Zip	City	State	Zip
Home Phone		Cell	Home Phone		Cell
Business Name			Business Name		
Business Phone			Business Phone		
Email Address			Email Address		

Physician's name: _____ Address: _____ Phone: _____

Hospital name: _____ Address: _____ Phone: _____

Names, addresses and phone numbers of person(s) who can assume responsibility for the child if the parent cannot be reach immediately in an emergency: _____

Allergies, including drugs: _____

Person(s) authorized to take the child from the child care facility: _____

Siblings enrolled at the facility: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian (print name): _____

CONSENT FOR MEDICAL OR SURGICAL CARE

This authorizes _____ Fly Trampoline Park
 name of camp facility

to give permission to appropriate medical of hospital personnel to provide emergency medical or surgical care for:

 child's name

I understand that every effort will be made to locate me or my child's other parent or legal guardian as soon as possible. I understand that my obligation to keep my child care provider informed of my whereabouts. I will assume the cost of necessary medical or surgical care.

 Signature of Parent or Legal Guardian

 Date Signed

FLY TRAMPOLINE PARK SUMMER CAMP

ADMINISTRATIVE FORM

Permission to participate in Fly Trampoline Park camp activities and to receive emergency care

I hereby grant permission for my child(ren) _____ to use all of the play equipment and to participate in all of the activities of the Fly Trampoline Park Summer Camp.

I hereby grant permission for the Park Manager or camp counselor to take whatever steps may be necessary to obtain emergency care if warranted. The steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the person(s) listed on the emergency card.
3. Attempt to contact the child's physician.
4. If we cannot contact you, or your child's other parent/legal guardian, or your child's physician, we will do any or all of the following:
 - A. call another physician
 - B. call an ambulance
5. Any expense incurred under statement number 3 and 4, above, will be taken care of by the child's family.

Fly Trampoline Park will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Your signature indicates all rules, regulations, and guidelines have been read and fully understood, and are agreed to.

Parent/Guardian (print name): _____

Parent/Guardian Signature: _____

Date: _____

PARENT SIGN-OFF

Payment/Cancellation Procedures



I understand that my child is not registered for camp until payment is paid in full. I also understand that all cancellations must be received 24 hours before the camp day by calling Fly Trampoline Park at 457-JUMP (5867) or by visiting the front desk in the facility.

Signature _____ Date _____

Photo Release

I hereby authorize Fly Trampoline Park to publish the photographs and videos taken of me and/or the undersigned minor children, and our names, for use in Fly Trampoline Park's printed publications, website and training purposes.

I release Fly Trampoline Park from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize Fly Trampoline Park to use their photographs, videos and names.

I acknowledge that since participation in publications and websites produced by Fly Trampoline Park is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publication and website produced by Fly Trampoline Park confers no rights of ownership whatsoever. I release Fly Trampoline Park, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Initials: _____

What to bring:

Water bottle
Snack

What to wear:

Comfortable athletic clothing
Hair tie if necessary
Fly jump socks. (Fly jump socks are reusable and can be purchased at the front desk for \$3)

Check in:

Check in at the Front Desk when you arrive!

Waivers:

Everyone needs a waiver to jump at Fly Trampoline Park! Please ensure that your child has a signed waiver on file before check-in. Waivers stay on file for 1 year and can be filled out in the facility or online at www.FlyTrampolinePark.com.