



KIDS KORNER - CHILD INFORMATION
PLEASE PRINT

CHILD(REN) NAME(S) _____ TODAY'S DATE _____

AGE(S) _____ BIRTHDATE(S) _____

PARENT'S NAME(S) _____

MAILING ADDRESS _____

HOME PHONE _____ WORK/CELL _____

PARENTS/GUARDIANS MUST REMAIN IN THE RECREATION CENTER AT ALL TIMES!! IN
CASE OF EMERGENCY WHOM SHOULD WE NOTIFY?

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

HAS YOUR CHILD BEEN TO A CHILD CARE PROVIDER BEFORE? ____ YES ____ NO

IS YOUR CHILD IN DIAPERS? ____ YES ____ NO

****IF YES, YOU WILL BE CALLED IF YOUR CHILD NEEDS TO BE CHANGED****

PLEASE GIVE US ANY INFORMATION THAT MAY BE HELPFUL IN PROVIDING A POSITIVE
EXPERIENCE FOR YOUR CHILD _____

DOES YOUR CHILD HAVE ANY CHRONIC OR HANDICAPPING MEDICAL PROBLEMS? (i.e.,
seizures, asthma, diabetes, allergies, heart problems, hearing deficit, internal tubes, vision problems, etc?)
____ YES ____ NO

IF YES, PLEASE EXPLAIN IN DETAIL THE CONDITION AS WELL AS THE TREATMENT,
PRECAUTIONS, AND PRESCRIPTIONS _____

____ I HAVE READ AND AGREE TO THE TERMS ON THIS FORM.

Parent Signature

Date

****Waiver and Release****

By my signature herein as parent or guardian of a minor child, and on my behalf and on behalf of such a minor child and our respective heirs, assigns, successors in interest, executors and administrators, I hereby waive, release and hold harmless the Town of Silverthorne, its officers, employees, representatives, agents and assigns from any and all injuries, damages or losses, of whatever kind, nature or amount, suffered by me or by such a minor child at any activity sponsored or provided in whole or in part, by the Town of Silverthorne to which this waiver and release relates.