



# CHILDCARE RELEASE OF LIABILITY AND EMERGENCY INFORMATION

**CHILD INFORMATION:**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

**PARENT(S) INFORMATION:**

Parent Name: \_\_\_\_\_

Cell: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(if other than above)

Cell: \_\_\_\_\_

Does your child have any medical conditions or needs to take any medication we should know about? YES NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? YES NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Any special notes? (mood, personality, issues if interacting with other kids, etc)

\_\_\_\_\_

\_\_\_\_\_

Can your child use the restroom unattended (Babysitter cannot assist children in the restroom)? YES NO

If your answer is no, please be aware that you will be notified during class if your child needs your assistance.

Initial: \_\_\_\_\_

I, \_\_\_\_\_ (parent's name), the undersigned, am the parent of the above named child and agree, in taking advantage of this childcare services, to release and hold harmless CrossFit Inland Valley and its employees/independent contractors from any and all claims, demands, suits, cost, and charges in connection with or arising out of the childcare service. Including, but not limited to, bodily harm or injury to my child. I hereby grant permission for the Babysitter and give full authority to take whatever actions he/she deem necessary regarding my child's health and safety in the event I cannot be reached or in the situation where time is of the essence; and fully release CrossFit Inland Valley and its employees/independent contractors from any liability in connection with those decisions, I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff if needed. Any such action will be take in the best interest of my child and will be reported to me as soon as possible.

Initial: \_\_\_\_\_

**CHILDCARE INFORMATION:**

Our childcare service is FREE, Monday thru Friday, for the 8:30 and 9:30am classes.

**CHILDCARE RULES AND EXPECTATIONS FOR PARENTS (PLEASE READ):**

- Minimum age for childcare will be based on your child's ability to sit up on its own.
- All parents MUST sign-in to drop off their children with the babysitter. Sign-in sheet is located in the kids room.
- For safety purposes, there are absolutely NO unattended children allowed outside the kid's room at any time during classes.
- We ask that if your children are sick, please DO NOT bring them in on that day.
- There will be NO diaper changes done by the babysitter, so please plan accordingly.

Initial: \_\_\_\_\_

\*Childcare schedule might change without notice and it's based on the babysitter's availability.

**I HAVE READ AND UNDERSTAND THIS ON-SITE CONSENT AND WAIVER FORM AND SIGN VOLUNTARILY AND ENTIRELY OF MY OWN FREE WILL.**

Parent Name: \_\_\_\_\_  
(please print)

Parent Signature: \_\_\_\_\_

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