



Kids Fun Club

Winter Holiday Camp 2016

December 27 - 30 and
January 3 - 6
(No Camp January 2)

City of San Dimas
Parks & Recreation Department
(909) 394-6230

"KIDS' FUN CLUB"

Kids' Fun Club is a Day Camp for children grades 1 through 5.

For the 2016 Holiday session, Kids' Fun Club will be conducted at:

Ladera Serra Park
975 Calle Serra
San Dimas
909-305-4876

The program hours are 7:00 a.m. - 6:00 p.m. on the following dates:

Week 1 - December 27 - December 30

Week 2 - January 3 - January 6
(No camp January 2)

The enrollment fee is \$60.00 per week.

Enrollment in Kids' Fun Club is taken at the San Dimas Parks and Recreation Department.

Please be advised City Hall will be closed on Friday, December 23rd, Monday, December 26th, Friday, December 30 and Monday, January 2. A minimum of 10 participants are required for enrollment or the program will be cancelled.

The following forms must be completed in order for enrollment to be complete:

1. Program Registration Form
2. Family Identification Form
3. Payment Agreement Form
4. Identification and Emergency Information Form
5. Consent for Medical Treatment
6. Kids Fun Club Code of Conduct
7. Medical Authorization Form

ACTIVITIES

Each camp is supervised by trained Recreation Leaders who will provide activities including crafts, games, and sports. The room, games, toys; program supplies belong to all program participants. Proper care and clean up are part of our program. Cooperation is needed for clean up; putting things away, returning toys, supplies and equipment when finished and before leaving.

MEALS

A morning and afternoon snack will be provided at each site. Campers **must bring their lunch**. Please plan nutritious lunches and limit the use of candy, as some candy may be provided with the party activities.

DROP OFF/PICK UP POLICY

All children must be signed in and out of Kids' Fun Club by an authorized person. Children will be released only to persons indicated on the Identification and Emergency form. All children must be picked up by closing time (6:00 p.m.). Parents/Guardians will be charged \$5.00 for every five minutes past closing (\$60.00/hour). If you know you will be late, make arrangements for one of the authorized persons to pick up your child and then contact the staff to inform them.

When a child arrives, it is expected that he/she will be rested, clean and appropriately dressed for the weather and daily activities.

If your child is absent from the program, please contact the Kids' Fun Club staff or the Parks and Recreation staff at San Dimas City Hall. It is important that infectious diseases, such as strep throat, chicken pox, etc. be reported to staff so that others may be notified of their exposure.

HEALTH AND ILLNESS

- A. Do not send your child to Kids' Fun Club if there is evidence of any type of illness, infectious or communicable disease.
- B. If a child should become ill while at Kids' Fun Club, the staff will contact the parents/guardians or others authorized on the emergency form. It is expected that the child will be picked up immediately. The child will be excluded from activities with other children until he/she is picked up. The child will rest in a "quiet area".
- C. Children with an infectious or communicable disease will be excluded from the program. They may return to the program with written proof from a doctor that they no longer pose a health hazard.
- D. It is the responsibility of Parents/Guardians to inform Kids' Fun Club staff in writing of special medical conditions, including allergies, relative to any child participating in the program.
- E. Suspected cases of child abuse or neglect will be reported to the appropriate authorities by staff. Reportable cases include a Parent/Guardian who is intoxicated when picking up a child from Kids' Fun Club.

MEDICATION

If a child is prescribed oral or surface medication which must be taken during Kids' Fun Club hours, Parents/Guardians must notify the staff in writing. The medication must be in the original container, properly labeled with the child's name, date, amount and frequency of dosage. Written permission must be given even to administer such medicine as cough syrup or aspirin.

PERSONAL BELONGINGS

The San Dimas Parks and Recreation Department is not responsible for lost or stolen items. Space will be provided for your child's coat or sweater. It is advised that children do not bring valuables to the program. If they do, it is at their own risk. All items and belongings should be labeled with child's name.

DISCIPLINE

Staff will provide and maintain clear, reasonable limits for children's behavior. Positive behaviors will be reinforced and negative behaviors identified and redirected.

Children will be helped to recognize and identify their feelings as valid and acceptable. Staff members will intercede if a child's behavior is harmful to him/herself or others. Staff will plan ahead to try and prevent problems.

Your child(ren) will be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature.

The Kids' Fun Club program is a quality experience for most children. We reserve the right to ask any child to leave the program for his or her own betterment or the welfare of the group. The following are steps that will be taken as a result of abusive behavior:

Abusive behavior is defined as:

- A. Physical abuse - That which does harm to another's person or possession (i.e. hitting, biting, kicking, pushing, spitting), includes also victimless and disruptive behavior.
- B. Verbal abuse - That which is offensive and/or degrading to another individual (i.e. name calling, swearing).

The following options will be taken as a result of abusive behavior:

1. Time Out - Child is placed in the designated "quiet corner" for a period of no longer than five minutes. Child is not allowed to communicate with other children or staff. They must remain quiet.
2. Office Time Out - Child is separated from other children and must sit for ten minutes. Parents/Guardians will be notified of child's time out in office via a note.
3. Parent/Guardian is called - Staff will explain the situation and the steps taken prior to the call. Parents/Guardians will be asked to speak with their child and calm them down.
4. The Parent/Guardian is called and must remove the child from the program immediately.

TERMINATION POLICY

NOTE: No money will be refunded upon suspension or dismissal by Recreation Department.

Participation in Kids' Fun Club may be terminated for the following reasons:

1. The Recreation Coordinator and/or Recreation Services Manager decides that the program is not able to effectively serve the needs of a child or cope with a child's behavior patterns.
2. Chronic late pick up of child by Parents/Guardians or other persons given such responsibility.
3. Failure to provide current information.

KIDS FUN CLUB
Winter Holiday Camp 2016
PROGRAM REGISTRATION FORM

Child's Name _____ Age _____ Date _____

Address _____

Date of Birth _____ Home Number _____

Work Number _____ Cell Number _____

Parents Name _____ E-mail _____

PROGRAM

(\$60.00 per week) * Field trips are a nominal fee

Camp Weeks

Excursions (optional)

_____ Week 1 (December 27 - December 30)

_____ December 28

Skate Express

11:30-5:00pm, \$20.00 per person.

Includes lunch and skate rental.

_____ Week 2 (January 3 - January 6)

_____ January 4

Bowling at Chaparral Lanes

11:30-3:30pm, \$20.00 per person.

Includes 3 games, shoe rental and lunch.

Please help us plan our events and supervision by letting us know which days you will be attending. Please be advised the cost is \$60.00 per week regardless of how many days you choose to attend:

Week 1: Tues 12/27 Wed 12/28 Thurs 12/29 Fri 12/30

Week 2 Tues 1/3 Wed 1/4 Thurs 1/5 Fri 1/6

CITY OF SAN DIMAS
PARKS AND RECREATION DEPARTMENT

KIDS' FUN CLUB

FAMILY IDENTIFICATION FORM

A. Name(s) of child(ren) enrolling in Kids' Fun Club:

_____	_____	_____	_____	_____
Last	First	Middle	School Attending	Grade
_____	_____	_____	_____	_____
Last	First	Middle	School Attending	Grade
_____	_____	_____	_____	_____
Last	First	Middle	School Attending	Grade

B. Name(s) of Parent(s) or Guardian(s):

_____	_____	_____	Phone _____ / _____	_____
Last	First	Middle	Home/Cell	Work
_____	_____	_____	Phone _____ / _____	_____
Last	First	Middle	Home/Cell	Work

Address:

_____	_____	_____
Street	City	Zip Code

C. Name(s) of child(ren) in household:

_____	_____	_____	_____	_____
Last	First	Middle	Age	Birthdate
_____	_____	_____	_____	_____
Last	First	Middle	Age	Birthdate
_____	_____	_____	_____	_____
Last	First	Middle	Age	Birthdate

D. Name(s) of other household member(s):

_____	_____	_____	_____
Last	First	Middle	Relationship to child(ren)
_____	_____	_____	_____
Last	First	Middle	Relationship to child(ren)

E. Parent(s) Employment Information:

Mother

Employer _____
Address _____ City _____ Phone _____

Father

Employer _____
Address _____ City _____ Phone _____

F. Approximate hours child(ren) will attend Kids' Fun Club:

		Time In	Time Out
Weekly	Monday	-----	-----
	Tuesday		
	Wednesday		
	Thursday		
	Friday		

Information Submitted By:

Signature

Print Name

City of San Dimas
Parks and Recreation Department

**“KIDS FUN CLUB”
Payment Agreement Form**

1. Fees are based on enrollment not attendance. There will be no refund for absences, vacation or illness.
2. Failure on the part of the Parent/Guardian to keep payments current will lead to the termination of the Kids Fun Club Services.
3. Any bank service charge for returned checks will be due and payable by the Parents/Guardians within one week of notification. All further payments must be made by cash or money order.
4. Parents/Guardians will be charged \$5.00 for every 5 minutes past 6:00 p.m. A child will not be allowed to return to the program until the fee has been paid.
5. No money will be refunded upon suspension or dismissal from the Kids Fun Club by the Recreation Department.
6. Parents/Guardians must provide a sack lunch for their child daily. Failure to do so will result in a \$10.00 penalty.

City of San Dimas
Parks and Recreation Department

"KIDS FUN CLUB"

Parent/Guardian Signature Sheet

PAYMENT AGREEMENT FORM

This will acknowledge that I/we, the parent(s)/guardian(s) of _____
(Name of Child)

have received a copy of the Kids Fun Club Payment Agreement form, and the Kids Fun Club Packet. I have read and understand the Payment Agreement Form and the Kids Fun Club Packet, and will be responsible for compliance with all policies and procedures.

Signature of Parent(s)/Guardian(s)

Date

PARENT/GUARDIAN PERMISSION FORM

I, having legal authority to sign agreements for and as parent or legal guardian of _____, age _____,
Name of Child

permit my child(ren) to participate in walking field trips to be held as part of the Kids Fun Club Program.

In consideration of the above participation, I hereby release and hold harmless the City of San Dimas, their employees, any volunteers who may assist in said direction, from any and all liability which may occur by reason of their participation.

I understand that the Kids Fun Club program has certain risks and hazards inherent with the mode of travel and the places to which my child will travel. I certify that, to the best of my knowledge, my child is physically, mentally, and emotionally capable to participate in this program. I further agree to direct my child to conform to the fullest with the instructions of the recreation leaders in charge.

Signed: _____
(Parent /Guardian)

(Date)

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTH DATE					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE					()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE					()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL

OTHER EXPLAIN:

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION

DATE LEFT

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Children's Residential Facilities

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

City of San Dimas-Teen City _____ TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER WHATEVER
NAME

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED

ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE
{ }

WORK PHONE
{ }

"Kids Fun Club" CODE OF CONDUCT

Please review the following basic program rules with your child. Signatures required below.

1. Participants are required to return registration and code of conduct forms signed by themselves and a Parent/Guardian prior to participation at the Kids Fun Club. Code of conduct form will include the following program rules.
2. Participants may not possess, sell, use or furnish, nor be under the influence of any alcoholic beverage, intoxicant or controlled substance. Tobacco products are also prohibited. Consequences will include suspension or expulsion from the program and involvement of the Sheriffs Department.
3. Participants may not possess dangerous objects, including but not limited to weapons, firearms, knives, explosives or replicas thereof. Consequences will include expulsion from the program and involvement of the Sheriffs Department.
4. Participants shall demonstrate respect toward staff, other participants, program equipment and supplies, and the facility. Consequences of infraction will result in suspension from the program. Participants may not cause, or threaten to cause physical harm to another person. Intimidation, threats, harassment, and roughhousing are prohibited.
5. Participants may not yell or use profanity, offensive language or obscene gestures.
6. Dress guidelines: Participants must wear shoes at all times. Clothing that advertises or promotes alcohol, tobacco, drugs, sexual activity, or suggests obscenity or anti-social behavior is not allowed. Derogatory messages or messages that disparage any individual or group are not allowed.

I have read and agree to the terms listed in the "Kids Fun Club" Code of Conduct. Failure to comply will result in disciplinary action.

PARENT SIGNATURE _____ DATE: _____

CHILD'S NAME (Print) _____ DATE: _____

CHILD'S SIGNATURE _____

CITY OF SAN DIMAS PARKS & RECREATION DEPARTMENT

909-394-6230

www.cityofsandimas.com



KIDS FUN CLUB/TEEN CITY MEDICATION AUTHORIZATION FORM

This form must be filled out for every child attending Kids Fun Club and/or Teen City and anytime medication is added or changed. Parent/Guardian or legal guardian must complete and sign this form. City of San Dimas staff are not allowed to administer medication unless: it is in its original container with all original labels attached. A doctor's prescription is required for any medication. Children in the Kids Fun Club/Teen City Day Camp program may not keep medications on them at any time. All medications must be given directly to the City of San Dimas staff to keep. City of San Dimas staff will keep a record of the administration of this medication and Parents/Guardians have access to these records upon request.

Name of medication(s) taken

(1) _____ (2) _____

Time medication is taken: (1) _____; (2) _____

Special instructions in regard to taking this medication (including dosage):

I, _____, give City of San Dimas staff permission to administer the above mentioned medications to my child at the designated time. I understand that if anything changes in regard to this medication, I am responsible for informing the City of San Dimas staff at every camp of these changes.

Parent/Guardian Signature

Date

Child's Name Printed

CITY OF SAN DIMAS
PARKS AND RECREATION DEPARTMENT
909-394-6230

SKATE EXPRESS

WEDNESDAY, DECEMBER 28, 2016 AT 11:30 A.M. - 5:00 PM
\$20.00 FEE INCLUDES TRANSPORTATION, SKATE RENTAL, AND LUNCH!

Participant _____ Age _____ Activity: **SKATE EXPRESS**

Parent/Guardian _____ Home Phone(____) _____

Address _____ Work Phone(____) _____

City _____ Zip _____

Patient medical history (epilepsy, diabetes, allergies, etc.) _____

Emergency numbers (other than parents) 1. Name _____ Phone _____
2. Name _____ Phone _____

Liability Waiver (must be signed by participant or by Parent/Guardian):

I fully understand that my participation, or that of the minor in my custody as registered, in the above-mentioned activity, presents exposure to the risk of personal injury, death or property damage. I hereby acknowledge that participation in this event/class is voluntary and agree to assume any such risks. I hereby release, discharge and agree not to sue the City of San Dimas, its officers, agents, employees or volunteers for any injury, death or damage to or loss of personal property arising out of, or in connection with, participation in the event/class from whatever cause, including the active or passive negligence of the City of San Dimas, its officers, agents, employees or volunteers or any other participants in the event/class. In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of San Dimas from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event/class. I also agree and acknowledge that participant may be photographed while participating, and release use of the photographs for reproduction in City sponsored publications.

I have carefully read this release, hold harmless and agreement not to sue, and fully understand its contents. I am aware that it is a full release of all liability and sign it on my own free will.

Participant Signature or Parent/Guardian if under age 18

Date

___ I would like my child to remain with a Recreation Leader throughout the entire excursion.

CITY OF SAN DIMAS
PARKS AND RECREATION DEPARTMENT
909-394-6230

BOWLING AT CHAPARRAL LANES

WEDNESDAY, JANUARY 4, 2016 AT 11:30AM - 3:30PM

\$20.00 FEE INCLUDES TRANSPORTATION, 3 GAMES, SHOE RENTAL, AND LUNCH

Participant _____ Age _____ Activity: **BOWLING AT CHAPARRAL LANES**

Parent or Guardian _____ Home Phone(____) _____

Address _____ Work Phone(____) _____

City _____ Zip _____

Patient medical history (epilepsy, diabetes, allergies, etc.) _____

Emergency numbers 1. Name _____ Phone _____
(other than parents)

2. Name _____ Phone _____

Liability Waiver (must be signed by participant or by Parent/Guardian):

I fully understand that my participation, or that of the minor in my custody as registered, in the above-mentioned activity, presents exposure to the risk of personal injury, death or property damage. I hereby acknowledge that participation in this event/class is voluntary and agree to assume any such risks. I hereby release, discharge and agree not to sue the City of San Dimas, its officers, agents, employees or volunteers for any injury, death or damage to or loss of personal property arising out of, or in connection with, participation in the event/class from whatever cause, including the active or passive negligence of the City of San Dimas, its officers, agents, employees or volunteers or any other participants in the event/class. In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of San Dimas from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event/class. I also agree and acknowledge that participant may be photographed while participating, and release use of the photographs for reproduction in City sponsored publications.

I have carefully read this release, hold harmless and agreement not to sue, and fully understand its contents. I am aware that it is a full release of all liability and sign it on my own free will.

Participant Signature or Parent/Guardian if under age 18

Date

___ I would like my child to remain with a Recreation Leader throughout the entire excursion.

VOLUNTARY RELEASE, ACKNOWLEDGMENT OF ASSUMPTION OF RISK

Birthday Child Name:

This document affects your legal rights. You must read and understand it before initialing and signing it.

I, the named participant being eighteen or older in age, or the legal guardian of the named participant who is under 18, in consideration of the services of JJ Entertainment, Corp dba Jumping Jacks, the officers, directors, employees and agents of JJ Entertainment, Corp, and the owner of the subject property (hereinafter collectively referred to herein as "Releasees"), and **the right to engage in this activity as a participant and/or volunteer**, hereby acknowledge, agree, promise and covenant with Releasees on behalf of myself, my heirs, assigns, personal representatives and estate as follows:

ACKNOWLEDGEMENT OF RISKS: I acknowledge having heard and understood all information given in a safety demonstration, and willingly agree to abide by all stated and customary rules and conditions for attendance and participation in the activities. I UNDERSTAND AND ACKNOWLEDGE that the activity I am about to voluntarily engage in as a participant and/or volunteer bears certain **known risks and unanticipated risks** which could result in INJURY, DEATH, ILLNESS OR DISEASE, PHYSICAL OR MENTAL, OR DAMAGE to myself, to the minor identified below, or my property. I understand and acknowledge those risks may result in personal claims against Releasees. These risks include but in no way are limited to the following:

- (1) The risks inherent in the activity of participating in inflatable attractions; (2) the acts, omissions or negligence in any degree of Releasees, or their agents or employees; (3) latent or apparent defects or conditions in equipment, property or the facilities provided by Releasees or their agents or employees; (4) the unexpected behavior of co-participants, if any; (5) first aid, emergency treatment or services rendered or failed to be rendered by Releasees, or their agents or employees.

I UNDERSTAND AND ACKNOWLEDGE that the above list is not complete or exhaustive, and that other risks, known or unknown, identified or unidentified, **anticipated or unanticipated** may also result in injury, death, illness, disease, or damage to myself, the minor identified below, or to my property.

ACCEPTANCE OF RISK AND RESPONSIBILITY: I VOLUNTARILY AGREE, COVENANT AND PROMISE TO ACCEPT AND ASSUME ALL RESPONSIBILITIES, AND RISK FOR INJURY, DEATH, ILLNESS OR DISEASE OR DAMAGE to myself, the minor identified below, or to my property arising from the participation in this activity. I expressly agree, covenant and promise to accept and assume all responsibility and risk for injury, death, illness, or disease, arising from the participation in this activity.

RELEASE AND INDEMNITY: I, FOR MYSELF AND THE MINOR IDENTIFIED BELOW, VOLUNTARILY RELEASE AND FOREVER DISCHARGE AND COVENANT NOT TO SUE Releasees and their agents or employees, and all other persons or entities affiliated therewith, from any and all liability, claims, demands, actions or rights or action, which are related to, arise out of, or are in any way connected with the participation in this activity, **including, but specifically not limited to any and all negligence or fault of Releasees and their agents or employees.** I FURTHER AGREE, PROMISE AND COVENANT, ON BEHALF OF MYSELF AND THE MINOR IDENTIFIED BELOW, TO HOLD HARMLESS AND TO INDEMNIFY Releasees and their agents or employees, and all other persons or entities **from all defense costs, including attorney's fees, or from any other costs incurred in connection with any claim or lawsuit filed against Releasees as a result of the participation in this activity.**

I FURTHER ACKNOWLEDGE that the undersigned is in good physical and mental health, and not suffering from any condition, disease or disablement which would or could potentially affect participation in the activity. Further, I acknowledge that I am not purchasing or leasing the attraction, but rather, am being afforded a non-exclusive right to use the attraction. Additionally, I acknowledge that Releasees are providing recreational services.

ENTIRE AGREEMENT: I understand that this is the entire Agreement between the undersigned and Releasees and their agents or employees, and that it cannot be modified or changed in any way by the representations or statements of Releasees or any employee or agent of Releasees, or by the undersigned.

My signature below indicates that I have read this entire document, understand it completely, and agree to be bound by its terms.

Parent/Guardian/Sole Participant's Name: _____

1st Child's Name: _____ Date of Birth: _____

2nd Child's Name: _____ Date of Birth: _____

3rd Child's Name: _____ Date of Birth: _____

4th Child's Name: _____ Date of Birth: _____

Email address:* _____

*email address will NEVER be released to a third party; it will be used as a birthday greeting/coupon for party or other specials.

Address: _____ Phone: () _____

My signature below indicates that I have read this entire document, have understood it completely, and agree to be bound by its terms, for myself and for all minors listed above. My signature indicates my agreement for this visit and all future visits occurring within one year.

ADULT SIGNATURE: _____ DATE: _____