



Aspen Kids Connection

Participant Information Form

Participant Name:		Age:	DOB:	Sex:
Home Address:		Apt#	CO Address:	
City:		City:		Rm/Apt#
State:	Zip:	Home Phone:	Home Phone:	
Participant:	<input type="checkbox"/> Can Swim <input type="checkbox"/> Cannot Swim	Specify any Allergies or Specific Needs:		

Parent/Guardian Information

Name:		Relationship to Participant:		
Street Address (if different from participant):		Apt#	Home Phone:	
City:	State:	Zip:	Cell Phone:	
Place of Employment:	Address:		Work Phone:	
Name:		Relationship to Participant:		
Street Address (if different from participant):		Apt#	Home Phone:	
City:	State:	Zip:	Cell Phone:	
Place of Employment:	Address:		Work Phone:	

Emergency Contact and Authorized Pick-Up Information

List at least one person who can respond to an emergency in the event that the parent/guardian cannot be reached. Check the appropriate box if you authorize this person to escort the participant from the program site. **Please print clearly.**

Name:	Relationship	Home/Work Phone	Cell Phone	Authorized to escort from premises?	
				Yes	No

Doctor's Name	Phone	Address
Dentist's Name	Phone	Address
Preferred Hospital	Phone	Address

Print/Electronic and Social Media Release

I hereby give my permission to Miami Fitness Connection, to use and display photographic or digital images of me or my child, which may be posted on the company's website or Facebook account or forwarded to newspapers and other publications in which the photograph or digital image would be associated with Miami READ, UNDERSTOOD, AND AGREED, TO this _____ (Initial) _____

I hereby give my permission for my child to go on field trips from the camp grounds. I understand that the mode of transportation will be camp vehicles or walking, depending on the nature of the field trip.

I release Miami Fitness Connection and its staff from any and all liability, costs, losses, injuries, or damages which may occur to my child and/or his/her property. I also agree to indemnify Miami Fitness Connection and its staff and hold harmless, from any costs, liabilities or expenses incurred by reason of my child's actions, conduct or medical needs.

In the event of a medical emergency, I give agents of Miami Fitness Connection full permission and authority to secure whatever medical treatment is necessary for my child, in their judgement, and request notification of such medical emergency as soon as it is practicable

Parent/Guardian Signature: _____



Transportation & Field Trip Permission Slip

Camp Name: _____

Child's Name: _____

Age: _____

Guardian Phone # 1: _____

Guardian Phone # 2: _____

My child has my permission to attend any Aspen Kids Connection Camp Field Trips. He / She has my permission to attend all scheduled field trips and special events scheduled during their sessions/days of attendance at camp.

In the event of an emergency requiring medical attention for my child I authorize the Aspen Kids Connection Camp Staff to administer First Aid and / or CPR and to call 911 immediately if they deem necessary.

The following people are authorized to be contacted, in order, in case of an emergency.

1) Name _____ Relation: _____

Phone # _____

2) Name _____ Relation: _____

Phone # _____

3) Name _____ Relation: _____

Phone # _____

4) Name _____ Relation: _____

Phone # _____

Signature of Parent/Guardian: _____ Date: _____