



|                 |
|-----------------|
| SBHW Rep: _____ |
| Date: _____     |

**Child/Youth Application:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male or Female (Circle one)

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Names of Others Allowed to Pick up Child

| First Name | Last Name | Phone: |
|------------|-----------|--------|
|            |           |        |
|            |           |        |
|            |           |        |

Names of Others **NOT** Allowed to Pick Up Child

| First Name | Last Name | Phone: |
|------------|-----------|--------|
|            |           |        |
|            |           |        |
|            |           |        |

**Child Information:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_ PARENT/GUARDIAN OF \_\_\_\_\_ DO HEREBY GIVE MY CONSENT TO THE DIRECTOR OF THE CHILD CARE FACILITY, OR HIS/HER DULY REPRESENTATIVE, FOR SAID CHILD TO RECEIVE MEDICAL OR SURGICAL AID AS MAY BE DEEMED NECESSARY AND EXPEDIENT BY A DULY LICENSED OR RECOGNIZED PHYSICIAN OR SURGEON IN CASE OF AN EMERGENCY WHEN THE PARENTS CANNOT BE REACHED. CONSENT IS ALSO GIVEN FOR THE DIRECTOR OR APPOINTED REPRESENTATIVE TO TRANSPORT SAID CHILD FOR EMERGENCY MEDICAL TREATMENT, IF THE PARENTS CANNOT BE REACHED.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



|                             |                    |
|-----------------------------|--------------------|
| SBH&W Representative: _____ | Date: _____        |
| Guest #: _____              | Notes on CSI _____ |

## WAIVER, RELEASE of LIABILITY, and CONSENT

For and in consideration of being permitted to participate in the facilities, programs and services of St. Bernards Health and Wellness Institute, herein referred to as SBH&W, the sufficiency of such consideration being acknowledged, I for myself, my heirs, successors, representatives and assigns, hereby now and forever RELEASE, ACQUIT, and DISCHARGE SBH&W and its agents, employees, officers, directors, parent companies, subsidiaries, successors and assigns of and from any and all claims, demands, actions, remedies, causes of action, liability, damages, costs (including reasonable attorney fees), expenses and losses of every kind or nature, whether at this time known or unknown, anticipated or unanticipated, direct or indirect, which I for myself, my heirs, successors, representatives and assigns now have or may have in the future by reason of my use of the facilities, whether caused by the acts or omissions of SBH&W or its employees, agents or representatives, or by any other person or persons.

I further understand and acknowledge, and hereby assume, the risks and hazards which may cause injury, disability and death, and perhaps damage to or loss of my property while on the premises or while participating in any or all activities conducted thereon or therein. Moreover, I hereby acknowledge that my use is voluntary.

Further, although I recognize that no duty to do so exists or is hereby created, nevertheless, in the event that I sustain any personal injury or require medical attention either before, during or after exercise or participation in any and all activities, I specifically authorize SBH&W and its agents or employees to voluntarily and gratuitously perform on-site treatment for injury or medical condition. I understand that any on-site treatment will not necessarily be performed by persons having medical training and that SBH&W has made no representations that treatment will be performed by persons with such training. I also authorize SBH&W and its agents or employees to voluntarily and gratuitously arrange transportation for me for the purpose of obtaining medical treatment elsewhere. In return for any such treatment or transportation for treatment elsewhere, I for myself, my heirs, successors and assigns, hereby now and forever RELEASE, ACQUIT, and DISCHARGE SBH&W and its agents, employees, officers, directors, parent companies, affiliates, subsidiaries, successors and assigns of and from any and all claims, demands, actions, remedies, causes of action, liability, damages, costs (including reasonable attorney fees), expenses and losses of every kind or nature, whether at this time known or unknown, anticipated or unanticipated, direct or indirect, which I for myself, my heirs, successors, representatives and assigns now have or may have in the future by reason of my use of the facilities, whether caused by the acts or omissions of SBH&W or its employees, agents or representatives, or by any other person or persons. I further give my consent to SBH&W and its agents or employees to make arrangements with third parties for medical treatment or transportation to any emergency medical service, physicians, nurses, other medical personnel or hospitals that SBH&W and its agents or employees may select, in their sole discretion, and I agree that I will assume full responsibility for payment for such treatment and/or transportation.

If the member is under 18, the undersigned agrees that the member has the undersigned's permission to participate and use the SBH&W.

I acknowledge that I have carefully read and fully understand all of the provisions contained in this Waiver, Release of Liability, and Consent, and that I have freely and voluntarily chosen to agree to the same. I fully understand that this is a full and complete consent and release of any and all claims and that no additional consideration will be paid to me by any party hereby released.

\_\_\_\_\_  
Member/Participant Name (Printed)

\_\_\_\_\_  
Member/Participant Name (Signature)

\_\_\_\_\_  
Date

*If the person participating at the St. Bernards Health & Wellness Institute is under the age of 18, a parent or legal guardian must provide a signature below indicating an understanding and agreement with all provisions of this Waiver, Release of Liability and Consent.*

\_\_\_\_\_  
Parent/Legal Guardian Name (Printed)

\_\_\_\_\_  
Parent/Legal Guardian Name (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
SBH&W Team Member (Printed)

\_\_\_\_\_  
SBH&W Team Member (Signature)

\_\_\_\_\_  
Date