



## GENERAL INFORMATION

Operation's Name: <b>Katy Sports and Fitness</b>		
Child's Full Name:	Child's Date of Birth:	
Child's Home Address:		
Date of Admission:		
Name of Parent or Guardian Completing Form:	Address of Parent or Guardian (if different from the child's):	
List telephone numbers below where parents/guardian may be reached while child is in care.		
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.
Give the name, address, and phone number of the responsible individual <b>to call</b> in case of an emergency if parents/guardian cannot be reached:		Relationship:
I authorize Katy Sports and Fitness <b>to release</b> my child <b>ONLY</b> with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.		
Name and Phone Number:	Name and Phone Number:	Name and Phone Number:

## RECEIPT OF WRITTEN OPERATIONAL POLICIES

I acknowledge receipt of the facility's operational policies.

## AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care. I authorize the person in charge to call 911 or transport my child to Houston Methodist Emergency Care Center.

Name of Emergency Medical Care Facility:Address: <b>Emergency Care Center 26440 FM 1093 Houston Methodist</b>	Phone #: <b>832-522-6070</b>
Signature - Parent or Legal Guardian:	Date Signed:

## CHILD'S ADDITIONAL INFORMATION SECTION



List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long term continuous use, and any other information which caregivers should be aware of:

Signature - Parent or Legal Guardian:

Date Signed:

### SCHOOL INFORMATION

My child attends the following school:

Name of School:

School Phone Number:

### TRANSPORTATION

I give consent for my child to be transported and supervised by the operation's employees:

for emergency care

from school

on field trips

### ADMISSION REQUIREMENT

You have two options for Admission requirement. 1) You can either contact your doctor or have them sign the enrollment paperwork verifying they have been seen by a healthcare professional and have them send the proper documentation. Or 2) You can give you authorization by signing they have been seen by a healthcare professional

1. Option 1: HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he or she is able to take part in a camp program.

Health Care Professional's Signature:

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

2. A signed and dated copy of a health care professionals statement is attached acknowledging he or she is able to attend a camp program.

2. Option 2: PARENTAL CONSENT: My Child or Children have been examined by a healthcare professional within the last year and are eligible to attend camp.

Parent Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_



## LIABILITY WAIVER

**Please read carefully! This is a legal document that affects your legal rights!**

For the purposes of this agreement KATY SPORTS AND FITNESS refers to both KATY SPORTS AND FITNESS and KATY FITNESS AND SPORTS, LLC

CLIENT refers to the individual that has retained personal training services with KATY SPORTS AND FITNESS and the CLIENT's parent or guardian if the CLIENT is less than 18 years of age.

The CLIENT named above desires to TRAIN as a CLIENT for KATY SPORTS AND FITNESS, a for-profit limited liability corporation and engage in the exercise activities related to being a CLIENT which covers all services offered at the facility and its outdoor area(s) including but not limited to personal training, fitness classes, birthday/team parties, sports instruction, camps, free trials and general usage of the facility.

The CLIENT freely, voluntarily, and without duress executes this Release under the following terms:

**RELEASE AND WAIVER:** The CLIENT releases and forever discharges and holds harmless KATY SPORTS AND FITNESS and its successors and assigns from any and all liability or claims that the CLIENT (or the CLIENT's heirs or assigns) may have against KATY SPORTS AND FITNESS with respect to any bodily injury, personal injury, illness, death, or property damage that may result from CLIENT's activities with KATY SPORTS AND FITNESS. THE CLIENT UNDERSTANDS AND ACKNOWLEDGES THAT THE CLAIMS BEING RELEASED HEREIN INCLUDE, WITHOUT LIMITATION, CLAIMS, IF ANY, BASED ON OR IN ANYWAY RELATED TO THE NEGLIGENCE OR GROSS NEGLIGENCE OF KATY SPORTS AND FITNESS OR ITS OFFICERS, DIRECTOR, EMPLOYEES, OR AGENTS. The CLIENT also understands that KATY SPORTS AND FITNESS does not assume

any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness. The CLIENT releases and forever discharges KATY SPORTS AND FITNESS from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in collection with the CLIENT's activities with KATY SPORTS AND FITNESS. The CLIENT expressly and specifically assumes the risk of injury or harm in these activities.

Texas Law: CLIENT expressly agrees that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the laws of the State of Texas and that it shall be governed and interpreted in accordance with the laws of the State of Texas. Furthermore, CLIENT expressly agrees that if any one or more of the provisions contained in this Release and Waiver of Liability are held to be invalid, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Waiver and Release of Liability, which shall otherwise continue to be enforceable.

### Promotional Release

In additional consideration of being permitted by Katy Sports and Fitness to participate in its general exercise and/or training program and to use its facilities, I hereby permit Katy Sports and Fitness to use my name, image, and likeness for promotional purposes. The Katy Sports and Fitness promotional mediums include but are not limited to print, radio, video, television, social media, and the Internet.

I acknowledge that I have read this release and waiver and fully understand its contents. I have been fully and completely advised of the potential dangers incidental to engaging in the activity and instruction of athlete training and I am fully aware of the legal consequences of signing this release. I voluntarily agree to the terms and conditions stated above.

Parent Name (if client is under age of 18): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Allergies to medication or other special needs:

CLIENT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent (if CLIENT is a minor): \_\_\_\_\_ Date: \_\_\_\_\_



Parent Handbook Acknowledgement

I (We) have read and agree to Katy Sports & Fitness policies and procedures as described in the Handbook. I understand that these guidelines may change periodically and I (We) will be advised accordingly.

Child's Name (Please Print) \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_