



BLACK DIAMOND
GYMNASTICS & SPORTS CENTER

Child Admission Agreement & Health Assessment

Name of Child _____ Enrollment Date ____/____/____

Nickname _____ Birth date ____/____/____ Sex (circle one F M)

Home Street Address _____ Phone # _____

City _____ State _____ Zip _____

Mother's/Guardian's Name _____ Phone # _____

Employer _____ Work Phone # _____

Father's/Guardian's Name _____ Phone # _____

Employer _____ Work Phone # _____

Parent Email: _____

Child's cell phone number _____

Emergency Contacts (Other than Parents) and Persons Authorized to Pick -Up the Child

Name	Relationship to Child	Address	Phone #

Check if there are no emergency contacts available, other than parents.

Check if there are no persons authorized to pick up the child, other than parents.

Out of Area/State Contact Name (If available)	Relationship to Child	Address	Phone #

Check if there are no out of area/state contacts available.

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain Emergency medical care and / or provide emergency medical transportation for my child.

_____/_____/_____
Parent Signature _____ Date

Transportation: Before _____ After _____

I give my child permission for the following:

Transportation to and or from school

To be in a Black Diamond vehicle when off track (to transport other children to school)

Walking field trips

Field trips by Vehicle

Photo to be taken

Parent Signature: _____ Date: _____

Child Health Assessment

Please Write Clearly. There must be a separate health history for each sibling.

Name of Child _____ Birth date ____/____/____

Check All That Apply:

Does your child have any known allergies or sensitivities to:

No Yes if yes, please list:

Medications _____

Foods _____

Other _____

Illnesses or Medical Condition

Does your child have any of the following:

	No	Yes		No	Yes
Asthma	____	____	Visual Impairment	____	____
Diabetes	____	____	Developmental Delays	____	____
Seizures	____	____	Physical Impairment	____	____
Heart Problems	____	____	Behavioral or Emotional Problems	____	____
Hearing Impairment	____	____	Other: _____	____	____

List any additional health information or special instructions you feel we need to be aware of:

List any regular medications your child takes: _____

Name of Child's Medical Provider: _____

_____/_____/____

Parent Signature Date

Sign Out (Permission for Participation in Gym/Activity Classes):

I give my permission for _____
Child's Name

to sign themselves out of Kids Klub for participation in gym and activity classes.

Parent Signature

Date

School Information for 2019-2020

Name of school: _____

Grade: _____

Days your child needs to be picked up:

M T W Th F