



1500 Burns Street, Missoula MT, 59802

## REGISTRATION for Burns Street Kids Club 2019

PLEASE PRINT NEATLY AND FILL OUT ALL INFORMATION COMPLETELY FOR ALL CHILDREN FROM YOUR HOUSEHOLD WHO WILL ATTEND KIDS CLUB THIS SUMMER

<u>CHILD'S FIRST NAME:</u>	<u>LAST NAME</u>	BIRTHDAY	AGE:	GENDER:
CHILD'S SCHOOL:	GRADE:	ETHNIC HERITAGE (optional):		
<u>CHILD'S FIRST NAME:</u>	<u>LAST NAME</u>	BIRTHDAY	AGE:	GENDER:
CHILD'S SCHOOL:	GRADE:	ETHNIC HERITAGE (optional):		
<u>CHILD'S FIRST NAME:</u>	<u>LAST NAME</u>	BIRTHDAY	AGE:	GENDER:
CHILD'S SCHOOL:	GRADE:	ETHNIC HERITAGE: (optional)		
HOME ADDRESS of CHILDREN:		CITY:	STATE AND ZIP:	
PHONE:				

CHILD'S HEAD OF HOUSEHOLD			
NAME:	OCCUPATION:	EMPLOYER:	CELL PHONE:
EMAIL:		WORK PHONE:	

PARENT/GUARDIAN			
NAME:	OCCUPATION:	EMPLOYER:	CELL PHONE:
WORK PHONE:			
ADDRESS IF DIFFERENT THAN CHILD:			
EMAIL:			

MEMBER LIVES WITH: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN/FOSTER <input type="checkbox"/> OTHER SPECIFY:
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**VERY IMPORTANT!**

MEDICAL ISSUES/ALLERGIES (LIST NAMES) \_\_\_\_\_

MEDICATIONS CHILD IS TAKING (LIST NAMES) \_\_\_\_\_

PREFERRED PHYSICIAN \_\_\_\_\_

PREFERRED HOSPITAL/CLINIC \_\_\_\_\_

PHYSICIAN PHONE # \_\_\_\_\_ HOSPITAL/CLINIC PHONE # \_\_\_\_\_

**UNDERSTANDING OF BURNS STREET KIDS CLUB AND THE NORTH-MISSOULA COMMUNITY  
DEVELOPMENT CORPORATION**

TO PARENTS OR GUARDIANS OF MINOR ~ WAIVER OF LIABILITY AND DISCLAIMER: In consideration of my son's / daughter's participation in the activities and special programs or events of the North-Missoula Community Development Corporation as parent or guardian of named minor, my heirs, executors, administrators and assigns, waive, release and discharge any and all rights and claims of damages against the North-Missoula Community Development Corporation and or its sponsors for all claims arising or resulting from traveling, participation and / or being involved in the program or activities. I attest and verify that I have full knowledge of the risks involved in said participation and that I will on behalf of the said participant assume and pay any medical or emergency expenses in the event of accident, illness or other incapacity regardless of whether I have authorized such expenses. I attest that my son/daughter is physically fit and sufficiently able to participate in the programs or activities of the North-Missoula Community Development Corporation's Burns Street Kids Club in conjunction with other youth.

ACKNOWLEDGMENT AND CONSENT of PROGRAM PHOTOGRAPHY: I acknowledge that the North-Missoula Community Development Corporation and or its sponsors may utilize photographs of the member, which may be taken during involvement in the North-Missoula Community Development Corporation's programs or activities. I consent to such uses & hereby waive all rights to compensation.

DISCIPLINARY POLICY OF BURNS STREET KIDS CLUB:  
I UNDERSTAND that the policy of Burns Street Kids Club is to keep every participating child safe, and any act of violence or aggression by a child while at Kids Club will not be tolerated. **The staff of Burns Street Kids Club/NMCDC reserves the right to ban any participant from attending Club, for the amount of time staff deems necessary, if staff deems the participant as a danger to themselves or others.**

ACKNOWLEDGEMENT AND CONSENT: I UNDERSTAND that the Burns Street Kids Club is a **neighborhood drop-in site. This means that children who come to this club site under their own power have the ability to come and go as they choose.** If I allow my child to get to this site under his or her own power I understand that the staff and volunteers will not require my child to remain on site until the close of program, and that when my child leaves the program location they are no longer under the supervision of the North Missoula Community Development Corporation staff or volunteers. **Children who are brought to the site by an adult will be required to stay on site until an adult who is authorized by a parent or guardian arrives to retrieve them before the end of the program.**

EMERGENCY AUTHORIZATION: I, the undersigned (or as parent or guardian of the participant, a minor), hereby authorize the staff of the North-Missoula Community Development Corporation or its sponsors and/or volunteers, coaches, trainers, activity supervisors, instructors and vehicle driver as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital or by licensed medical personnel. Program staff will NOT medicate children. Parents/guardians are ENTIRELY responsible for medications and for personally arranging for or ensuring the proper and timely medication of their children.

NOTE: Your signature acknowledges that you have read and accept the policies of the Kids Club as described above.

**THIS REGISTRATION WILL NOT BE ACCEPTED UNLESS SIGNED BY  
PARENT/GUARDIAN.**

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

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Parent or Guardian

**Kids Club Field Trip Permission Slip**

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

I hereby give permission for the child(ren) listed above to participate in/attend all North-Missoula Community Development Corporation Burns Street Kids Club sponsored field trips. I understand that I will be notified in verbal or written form of all scheduled field trips before they actually occur. **As the weather permits us to walk to parks, fields and trails, I give my child permission to walk or take public transportation or ride in an insured program vehicle with program staff and volunteers.** Children will not be allowed to walk or ride public transportation while at club without an adult.

To the best of my knowledge, my child is physically fit and able to take part in all activities. I understand that in case of injury, every effort will be made to contact me. If this is not possible I authorize any medical care deemed necessary.

**Kids Club Transportation Form**

I, the undersigned, understand that the children of the North-Missoula Community Development Corporation's Burns Street Kids Club are occasionally transported via Mountain Line City Bus Line, as well as Parks and Recreation vans. I understand that Mountain Line vehicles DO NOT have seat belts. I acknowledge that the staff will always enforce rules to ensure maximum safety, i.e. sitting back in the seats and sitting down whenever the vehicle is in motion. I consent to have my child/children listed above transported on Mountain Line Bus Company as well as Parks and Recreation vans.

**Parent/Guardian #1**                      **Date** \_\_\_\_\_

\_\_\_\_\_

(Print)                                      (Sign)

**Parent/Guardian #2**                      **Date** \_\_\_\_\_

\_\_\_\_\_

(Print)                                      (Sign)

(Two parent/guardian signatures are required if the child(ren) split time between guardians)

**North-Missoula Community Development Corporation Burns Street Kids  
Club Emergency Authorization Form**

**PLEASE FILL OUT THIS FORM COMPLETELY FOR YOUR  
CHILD'S SAFETY AND WELL BEING.**

**Kids Club/NMCDC phone number: (406)-829-0873**

In the event of an emergency we will try to contact individuals in the following order: 1. Parents/guardians. 2-4. Other people authorized on this list. Please be thoughtful of the people you select and make sure that they have been informed of their responsibility. Update this form as needed so that it is current.

**IF YOU ARE LATE AND HAVE NOT CONTACTED THE NORTH-MISSOULA COMMUNITY DEVELOPMENT CORPORATION, the following procedure will be initiated.** After ten minutes, if the parent/guardian has not made contact, the staff will begin to make phone calls in the order listed above for emergencies. The staff will release your child to someone on the emergency/authorization list if they are unable to contact a parent or guardian. After 30 minutes, if the staff is unable to reach anyone on your emergency/authorization list to arrange for the child's transport home, Child Protective Services will be contacted. This is our last resort and not anything we want to do. Please make sure your contact list is responsible and willing to step up to help you and your children if an emergency situation should occur.

Emergency/Authorization List

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
Relation to Child \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
Relation to Child \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
Relation to Child \_\_\_\_\_

4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
Relation to Child \_\_\_\_\_