



Welcome to Discovery Bay! It is our goal to ensure that PRO Club is a comfortable “home away from home” and to help your child develop both healthy exercise habits and an active lifestyle. We focus on making each day a happy and meaningful experience for both you and your child(ren). If you have any questions, please feel free to contact us at (425) 861-6247.

Please select the program(s) you are enrolling your child(ren) in:

- Dropin Care Pre-school

Parent/Guardian

Name (First) (Last) Membership Number

Phone (Cell) (Work) (Home/Emergency)

Address

Child #1

Name (First) (MI) (Last)

Male Female Age _____ Date of Birth _____ / _____ / _____
(Month) (Day) (Year)

- Choose One: MEMBER NON-MEMBER
 Spa User or Guest
 Non-Member Child of Member

OFFICE USE ONLY

New Child #

Child #2

Name (First) (MI) (Last)

Male Female Age _____ Date of Birth _____ / _____ / _____
(Month) (Day) (Year)

- Choose One: MEMBER NON-MEMBER
 Spa User or Guest
 Non-Member Child of Member

OFFICE USE ONLY

New Child #

Additional Information about your child(ren) we should know (i.e. allergy, special needs, etc.) _____

Authorized Individuals

Individuals listed below are authorized for drop-off and pick-up of child(ren) listed above. Photo ID is required.

Authorized Individual #1

Name (First) (Last) Relationship to Child

Phone (Cell) (Work) (Home/Emergency)

Address

Authorized Individual #2

Individuals listed below are authorized for drop-off and pick-up of child(ren) listed above. Photo ID is required.

_____ Name (First)	_____ (Last)	_____ Relationship to Child
_____ Phone (Cell)	_____ (Work)	_____ (Home/Emergency)
_____ Address		

Authorized Individual #3

Individuals listed below are authorized for drop-off and pick-up of child(ren) listed above. Photo ID is required.

_____ Name (First)	_____ (Last)	_____ Relationship to Child
_____ Phone (Cell)	_____ (Work)	_____ (Home/Emergency)
_____ Address		

Emergency Information

In case of an emergency and parent/guardian is not available at the numbers listed above.

Emergency Contact #1

_____ Name (First)	_____ (Last)	_____ Membership Number
_____ Phone (Cell)	_____ (Work)	_____ (Home/Emergency)
_____ Address		

Emergency Contact #2

_____ Name (First)	_____ (Last)	_____ Membership Number
_____ Phone (Cell)	_____ (Work)	_____ (Home/Emergency)
_____ Address		

Medical Information

In the event of my absence during a medical emergency, I (Parent's Name) _____ hereby give my permission for the prior mentioned child(ren) to be transported to a hospital or other medical facility as advised by medical personnel and/or to receive medical and surgical treatment from a licensed physician or medical technician. Further, I understand that I, and not the PRO Club, will be responsible for any payment of fees or costs associated with treatment rendered in such a medical emergency.

Child(ren)'s Physician

_____ Name	_____ Practice/Group Name	_____ Office Phone	_____ Date of last check-up/physical
_____ Address			

Child(ren)'s Dentist

_____ Name	_____ Practice/Group Name	_____ Office Phone
_____ Address		

Hospital

If a hospital is needed, do you have a preference? _____

Address _____

Insurance

Policy provided by _____ Policy Name _____ Policy ID Number _____ Policy Group Number _____

Allergy/Medical Information

Mark any allergies and medical conditions PRO Club staff needs to be aware of. *Please remind the instructor of all allergies when you bring your child to our Programs.

Food & Drink Allergies:

- Dairy Products
- Chocolate
- Nuts
- Fruits
- Other: _____

Comments: _____

Medication(s):

- Penicillin
- Medicine: _____
- Medicine: _____
- Medicine: _____
- Other: _____

Medical Condition(s):

- Tubes in ears
- Other: _____
- _____
- _____
- _____

>>I understand that any of these foods may be within the reach of my child(ren) when in the Discovery Bay. Initials _____ <<

Waiver and Release of Liability: (Read carefully before signing!)

I AGREE THAT THIS WAIVER AND RELEASE OF LIABILITY SHALL APPLY TO EACH VISIT I MAKE TO PRO CLUB, INCLUDING FUTURE VISITS, REGARDLESS OF ANY DATE OF ISSUANCE OR EXPIRATION DATE ON THE GUEST OR PERMANENT MEMBERSHIP CARD, AND REGARDLESS OF THE DATE THAT THIS FORM IS SIGNED BELOW. I UNDERSTAND AND ACKNOWLEDGE THERE IS RISK INVOLVED IN BEING IN AND AROUND PRO CLUB'S FACILITIES, INCLUDING, BUT NOT LIMITED TO, UTILIZING EQUIPMENT OR PARTICIPATING IN ANY EXERCISE OR FITNESS ACTIVITY. IN CONSIDERATION FOR BEING ALLOWED TO UTILIZE PRO CLUB'S FACILITIES, I AGREE I WILL ASSUME THE RISK AND FULL RESPONSIBILITY FOR ANY AND ALL INJURIES, LOSSES, DEATH, COSTS, OR OTHER DAMAGES, THAT MIGHT OCCUR TO ME AND/OR TO MY FAMILY WHILE ON THE PREMISES OF PRO CLUB OR PARTICIPATING IN ANY OFF-SITE PRO CLUB PROGRAM OR ACTIVITY; AND TO THE MAXIMUM EXTENT ALLOWED BY LAW, I AGREE TO WAIVE AND RELEASE ANY AND ALL CLAIMS, SUITS, OR RELATED CAUSES OF ACTION AGAINST PROFESSIONAL RECREATION ORGANIZATION, INC., ITS OWNERS, OFFICERS, EMPLOYEES, OR AGENTS (COLLECTIVELY PRO CLUB), FOR NEGLIGENCE, INJURY, LOSS, DEATH, COSTS, OR OTHER DAMAGES TO ME, MY HEIRS OR ASSIGNS, WHILE ON THE PREMISES OF PRO CLUB OR PARTICIPATING IN ANY OFF-SITE PRO CLUB PROGRAM OR ACTIVITY. I FURTHER AGREE I WILL INDEMNIFY, DEFEND AND HOLD PRO CLUB HARMLESS, TO THE MAXIMUM EXTENT ALLOWED BY LAW, FROM NEGLIGENCE, INJURY, LOSS, DEATH, COSTS, OR OTHER DAMAGES TO ME, MY HEIRS OR ASSIGNS, OR THIRD PARTIES FOR CLAIMS, SUITS, OR RELATED CAUSES OF ACTION ASSERTED AGAINST PRO CLUB ARISING FROM MY CONDUCT AND/OR MY FAMILY'S CONDUCT WHILE ON THE PREMISES OF PRO CLUB OR PARTICIPATING IN ANY OFF-SITE PRO CLUB PROGRAM OR ACTIVITY AND THIS WAIVER AND RELEASE SHALL BIND THE MEMBERS OF MY FAMILY AND MY SPOUSE OR REGISTERED DOMESTIC PARTNER, IF I AM ALIVE, AS WELL AS MY ESTATE, FAMILY, HEIRS, ADMINISTRATORS, PERSONAL REPRESENTATIVES OR ASSIGNS IF I AM DECEASED, AND SHALL BE DEEMED AS A "RELEASE, WAIVER, DISCHARGE AND COVENANT" NOT TO SUE PRO CLUB. I FURTHER AGREE TO RELEASE, INDEMNIFY, DEFEND AND HOLD PRO CLUB HARMLESS FROM ANY LIABILITY WHATSOEVER FOR FUTURE CLAIMS PRESENTED BY MY CHILDREN OR ANY OTHER MINOR CHILDREN AND/OR THEIR PARENTS, WHOSE VISIT TO PRO CLUB IS SPONSORED BY ME, FOR ANY INJURIES, LOSSES OR DAMAGES TO THEMSELVES OR ANY FAMILY MEMBER OR REGISTERED DOMESTIC PARTNER. IF ANY TERM OF THIS WAIVER AND RELEASE SHALL BE FOUND ILLEGAL, UNENFORCEABLE OR IN CONFLICT WITH ANY APPLICABLE LAW, THE VALIDITY OF THE REMAINING PORTIONS SHALL NOT BE AFFECTED THEREBY.

I have read this waiver and release of liability. _____ Initials

I am aware of and agree to follow the Discovery Bay Policies stated below:

- Space cannot be guaranteed without advanced reservations. We cannot accept "drop-ins" if reservations are full. _____ Initials
- Cancellations must be made at least 24 hours in advance to avoid being charged the full reservation amount. _____ Initials
- A \$20 late fee will be charged (in addition to the hourly fee) for picking up your child more than ten (10) minutes after the reservation end time. _____ Initials
- Children may be excluded from care for the following illness symptoms: fever, vomiting, diarrhea, eye discharge, nasal drainage, cough, rash, head lice or communicable illness. Children may return to care 24 hours after all signs of illness are clear or upon receipt of a doctor's note stating that the child is no longer contagious. _____ Initials

BY MY SIGNATURE BELOW I UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS.

Parent/Guardian Name _____ Signature _____ Date _____
Please print

PRO Club Staff _____ Signature _____ Date _____
Please print