



Highlands Kid Care Guest Consent Form

To enroll your child/children in Highlands Kid Care, please complete all enclosed paperwork and return to the Program Director and/or Supervisor.

***PARENT/GUARDIAN** _____

Last Name

First Name

Last Name

First Name

Address: _____ City: _____

State: _____ Zip: _____

Cell Phone: _____ Room#: _____

Email: _____ Boyne Rewards #: _____

CHILD'S NAME: _____

Last Name

First Name

Middle Initial

Birth date: _____

Gender: M F

Does your child have any special needs/behaviors? YES NO

If yes, please describe or list

Does your child have a medical condition and/or food allergen? YES NO

If yes, is it life threatening? YES NO

If yes, please describe or list

Is your child vaccinated? YES NO

If yes, please indicate which immunizations your child has received.

Please add any information that you feel would be beneficial to your child's care.

Highlands Kid Care Consent Form

1. I confirm that my child is in good health and able to participate in the child care activities, unless otherwise indicated on the Child Information Form.
2. I understand that my child will be offered snacks daily provided by Highlands Kid Care, unless I specify in writing otherwise, he/she may eat those snacks. I understand that if my child has allergies, I will provide snacks.
3. I agree that my child may participate in all spontaneous and planned adventures at Highlands Kid Care.
4. I agree to assume full responsibility for any damage to person or property caused by my child.
5. I agree that if it is determined that my child needs emergency medical or dental treatment, I will be responsible for any such treatment deemed by a physician or dentist.
6. I further agree that if the behavior or health of my child should make it necessary to remove them from the program, I or an emergency contact person will immediately pick up my child.
7. I agree to allow pictures of my child in Highlands Kid Care web pictures, educational and instructional materials, and to relinquish all rights to any forms of the photos.
8. I agree that my child has permission to use outdoor play equipment owned by Boyne Highlands.
9. I have read, understood, and agree to all of the above.

Child's full name: _____

Signature of Parent or Guardian: _____

Phone Number(s) Cell 1: _____

Cell 2: _____

Room: _____

Release of Liability

I understand that Highlands Kid Care is operated as a service to the public for BOYNE USA, INC., on Boyne Highlands property. I understand also, the responsibility I accept while leaving my children in the care of the Center. Under Boyne policy, **all parents are to remain on Boyne Highlands property** while their children are in our care. We will not and cannot accept responsibility for not being able to contact those parents that leave the premises in case of an emergency situation.

I understand that Highlands Kid Care is not licensed according to Michigan State Law, and are operated solely for the expressed purpose of entertaining, educating, and watching over children.

Boyne will not be responsible for anything that may happen as the result of false information given to them at the time of enrollment. Boyne will not be responsible for anything that might happen as a result of an unreported injury or ailment sustained by the children at his/her home or vacation spot.

I hereby give permission to the Program Director and/or team member to take whatever steps necessary to obtain emergency medical care if warranted.

Mother: _____ Date: _____

and/or

Father: _____ Date: _____

and/or

Legal Guardian: _____ Date: _____

WITH THE ABOVE SIGNATURE(S) IT IS OUR UNDERSTANDING THAT YOU HAVE READ ALL THE ABOVE RULES AND REGULATIONS AND DO UNDERSTAND THEM AND WILL ALSO COMPLY WITH THEM.

WAIVER OF LIABILITY: PLEASE READ CAREFULLY

I _____ (please print), understand there are various risks involved with my child’s participation in a Boyne USA affiliated child oriented Kid Care. I understand that my child will be involved with various activities.

I understand that my child’s involvement and participation carries significant potential risk of serious personal injury, death or property damage.

I also acknowledge that these activities involve unknown and unanticipated risks which could result in severe physical or emotional injury, paralysis, death or damage to my child, property, or third-parties. I understand that such risks simply cannot be eliminated. I expressly agree to accept and assume, on my child’s behalf, all the risks involved with the activities.

I also acknowledge that the Boyne team members involved with directing the children at Kid Care have a difficult job to perform. While Boyne team members always seek safety they are not infallible. Boyne team members will give warnings or instructions to the best of their abilities, but I also acknowledge that the activities involved with Kid Care and the accompanying risks involved with the aforementioned activities make it impossible for Boyne team members to warn of any and all potential risks involved with my child’s participation in the aforementioned activities.

I also acknowledge that my child’s participation in Kid Care is purely voluntary and I elect to allow my child to participate in spite of the aforementioned risks.

HOLD HARMLESS AND INDEMINITY CONTRACT

I, the above indicated legal guardian or parent, agree to indemnify and hold harmless Boyne USA, INC, its members and employees, any agents or representatives, officers, directors, or any affiliate of any person or entity associated with them from any and all claims of any nature as may be brought in the name of or in behalf of the child identified in this document. I specifically agree to indemnify and hold harmless the parties herein identified from any liability, whether known or unknown even if that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above.

I also acknowledge that I make no misrepresentation as to my capacity as a parent or guardian. This acknowledgement & assumption of risk and waiver & release from liability shall be binding upon my heirs and assigns.

To the extent that any portion of this agreement may be found invalid or unenforceable, that shall not affect the rest and remainder of the agreement which shall remain binding and enforceable.

I have read the above terms of this contract, understand them, and agree to abide by them. I, the undersigned parent/guardian, acknowledge that I have read and understand the above contract.

Legal Guardian or Parent: _____
Date: _____

Boyne Team Member: _____
Date: _____

Highlands Kid Care

Diaper Cream/Topical Ointment/Sunblock/Insect Repellent Consent Form

(Please print all information)

Name of child: _____

Age: _____ Date of Birth: _____

I give permission to Highlands Kid Care team members to use diaper cream/topical ointment on my child for diaper rash or other skin conditions. I also give the Highlands Kid Care team members permission to apply sunscreen and insect repellent as needed.

SPECIAL INSTRUCTIONS: _____

I understand that I, as parent/guardian am to provide the products mentioned above if wanting them to be used on my child, and that each is to be labeled with his/her name and kept in the daycare facility. I also understand that I may retrieve the products from the daycare, and that the products will be disposed of if they are not picked up within one week following expiration date and/or termination of this consent form.

Parent/Guardian Name (please print): _____

Signature of Parent/Guardian: _____

Date: _____

******A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD******