



## High Altitude Kids Parent Check List

Please make sure you have turned in the following items:

\_\_\_\_\_ Admission forms

\_\_\_\_\_ Immunizations

\_\_\_\_\_ Change of clothes

### Child Admission Agreement

Name of Child	Nickname	Birth Date month/day/year	Sex (check one)	Enrollment Date (check the box if no longer enrolled)
		_/_/___	F___ M___	_/_/___ <input type="checkbox"/>
		_/_/___	F___ M___	_/_/___ <input type="checkbox"/>
		_/_/___	F___ M___	_/_/___ <input type="checkbox"/>

Home Street Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Work Phone # \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Work Phone # \_\_\_\_\_

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

(Unless there is a court order prohibiting it, parents whose names are not listed can pick up their children.)

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 an emergency or a serious illness and the parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation for my child.

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
 Name of Parent/Guardian Date

I hereby give the provider permission to transport my child in the provider's vehicle for the following (optional):

- To and From School     On Field Trips (with written permission in advance)     Other: \_\_\_\_\_

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
 Name of Parent/Guardian Date

**This form must be reviewed annually by the parent/guardian, and any changes noted.**

Parent/Guardian Name: \_\_\_\_\_

Reviewed and/or update: \_\_\_\_\_

Reviewed and/or update: \_\_\_\_\_

Reviewed and/or update: \_\_\_\_\_

This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are **not** required to use this form.

# Child Health Assessment

There must be a separate health assessment form 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	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foods	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

### Illnesses or Medical Conditions:

Does your child have any of the following conditions?

	No	Yes		No	Yes
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral or Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	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/Guardian Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

This form must be completed for each individual child enrolled, and must be reviewed annually by the parent/guardian, and any changes noted.

Parent/Guardian Name:

Reviewed and/or update: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
Reviewed and/or update: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
Reviewed and/or update: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

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# High Altitude Kids

## Permission to Apply Lotions and Ointments

Please initial the items you agree to.  
Legal parent/guardian must sign at the bottom.

\_\_\_\_\_ Sunscreen as needed, applied liberally, for outdoor play and field trips. We use sunscreen often, but not 100% of the time.

\_\_\_\_\_ Insect repellent, applied sparingly, only when necessary. We often apply more repellent to clothing than to skin. We use insect repellent rarely, but we prefer to have permission to use it when needed.

\_\_\_\_\_ Antiseptic cream or ointment for minor cuts and abrasions, to prevent infection, and to sooth or ease pain.

\_\_\_\_\_ Topical analgesic to ease pain or itching from an insect sting or bite.

\_\_\_\_\_ Petroleum jelly or hand cream to prevent and treat dry skin on hands or face.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## High Altitude Kids Release and Indemnification

I acknowledge, agree and am fully aware that tumbling, dance, rock climbing, sports fitness and other related activities involve many risks, dangers and hazards, including but not limited to height and rotation in a unique environment. I recognize that there are several known and unknown dangers and risks to my child's physical well being associated with activities of this type. I agree and acknowledge and consent that my child is physically able to participate in the tumbling, dance, rock climbing, sports fitness and other related activities. I agree to waive, release and discharge from any and all liabilities, claims, actions, damages, costs, or expenses of any nature whatsoever, whether in law or equity, known or unknown, both present and future, against High Altitude Kids and any of its directors, officers, members, managers, employees, volunteers, representatives, and property owners, arising out of or in any way related, directly or indirectly, to my participation in the tumbling, dance, rock climbing, sports fitness programs and related activities, including those related to the Releasees' own negligence.

I agree (for my child, myself and my heirs, executors, administrators, legal representatives, assignees, and successors in interest), to indemnify and hold harmless the Releasees from any harm, injury, damage or loss which my child may cause and/or contribute to while participating in tumbling, dance, rock climbing sports fitness and other related activities.

The release and indemnification provisions above shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. If any part of the release and indemnification provisions shall be found by a court of competent jurisdiction to be void or unenforceable for any reason, that finding shall in no way affect (to the maximum extent permitted by applicable law) the remainder of the release and indemnification provisions.

Miscellaneous

I agree that this agreement contains the entire agreement between me and High Altitude Kids concerning the subject matter hereof, and that this agreement supersedes and replaces all prior negotiations, proposed agreements, agreements or representations whether written or oral.

I acknowledge that neither High Altitude Kids nor any of the Releasees have made any representation, warranty, promise or covenant whatsoever express or implied, not contained in this agreement, to induce me to execute this agreement.

I agree that this Agreement, and any claims related to this agreement, whether such claims are in the nature of tort, contract, or otherwise, shall be construed in accordance with the laws of the State of Utah.

I represent and warrant that I am the parent and/or legal guardian of the student listed above.

I represent and warrant that: (1) I have read this agreement carefully; (2) I understand that this agreement contains a release of liability, which will legally prevent me, my child, and/or any other person, from recovering damages in the event of injury to or death of my child arising out of or related in any way to his/her participation in tumbling, dance, rock climbing, sports fitness programs and any related activities; (3) I have full right and authorization to waive, relinquish and compromise those claims as set forth above; (4) I have not previously assigned, conveyed or pledged to any third person and claims released by this agreement; (5) I am knowingly and voluntarily releasing and waiving claims against the Releasees as set forth above; (6) I have executed this agreement voluntarily; and (7) this agreement is binding upon me, my child or children, anyone claiming on behalf or through my child, and our respective heirs, assigns and legal agents or representatives.

### Withdrawal Policy

Withdrawal from classes must be made in writing and submitted at least **4 weeks** prior to the withdrawal date. When written withdrawals are received 4 weeks prior to the withdrawal date tuition will be refunded or waived for the period following the withdrawal DATE. Please follow this procedure so that we can adequately staff our classes and maintain our small class size so that we can create an environment in which students can thrive.

**\*\*\*I understand I will not be credited for missed classes and I have read and understand the withdrawal policy\*\*\***

Please print Name of Parent or Guardian or Student if 18 years or older: \_\_\_\_\_

Signature: \_\_\_\_\_

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



Eden, Utah  
(801)745-2653 or [www.hakutah.com](http://www.hakutah.com)

### Using Pictures of children Consent form for use by High Altitude Kids

Child's parent or guardian: \_\_\_\_\_

Name of child: \_\_\_\_\_

Occasionally, we may take photographs of the children at our school. We may use these images in our schools publications that we produce, as well as on our website or on project display boards (at High Altitude) and in the Valley News.

*Please circle  
your answer*

1. May we use your child's photograph in the school prospectus and other printed publications that we produce for promotional purposes or on project display boards? **Yes / No**
2. May we use your child's image on our website? **Yes / No**

Parent's or  
guardian's signature: \_\_\_\_\_

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