

Dear Member:

Welcome to the Baylor Tom Landry Fitness Center. We hope you enjoy your use of the Kids Clubhouse and that your child and you find the environment comfortable. Our staff is here to assist you, so please let us know if you have any special needs.

The Clubhouse is here~

*To provide babysitting is a safe, caring and loving environment for your children while parents or guardians use the fitness center facilities.*

The information forms included in this folder will need to be completed to help us become familiar with your child. If you should have any questions, please feel free to ask the Clubhouse staff. As a valued member, the Baylor Tom Landry Fitness Center welcomes any comments or suggestions you may have so we may improve the services provided.

Thank you for choosing the Baylor Tom Landry Fitness Center as your health and wellness facility.

KIDS CLUBHOUSE

Child Information

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

Child's name: \_\_\_\_\_ Child's Birthday: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Mothers Membership Number: \_\_\_\_\_ Fathers membership number: \_\_\_\_\_

Mothers Work: \_\_\_\_\_ phone: \_\_\_\_\_

Fathers work: \_\_\_\_\_ phone: \_\_\_\_\_

In case of Emergency, contact:

Name: \_\_\_\_\_ phone: \_\_\_\_\_

Written permission on file to give care in case of emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there any further information you feel would be of help to us in caring for your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Person other than parents authorized to pick up you child.  
Your child will not be released to anyone other than the parent that signed in the child. If someone other than the parent who signed in the child is to pick him/her up, a written note must be provided. Photo identification will be required.*

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # \_\_\_\_\_ work# \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Home# \_\_\_\_\_ work# \_\_\_\_\_

***It is the responsibility of the parent/guardian to update information when it changes.***

I have received a copy of the Kids Clubhouse Basic Information

Signature \_\_\_\_\_ Date \_\_\_\_\_

KIDS CLUBHOUSE

Health Information

Check communicable diseases your child has had:

Rubella (German measles)                       Measles  
 Mumps     Chickenpox  
 Other (please list) \_\_\_\_\_

Date of last Tetanus shot? \_\_\_\_\_

Any known allergies?  yes  no  
If yes, list allergies and reactions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
What is the treatment? \_\_\_\_\_  
\_\_\_\_\_

Are any medications given regularly?  yes  no  
If yes, list and identify dosage \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any physical disabilities?  yes  no  
If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of physician \_\_\_\_\_  
Phone # \_\_\_\_\_

Health insurance information  
Subscribers name \_\_\_\_\_  
Provider \_\_\_\_\_  
Identification number \_\_\_\_\_

Is there any additional information you feel is important for us to know?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***It is the responsibility of the parent/guardian to update information when it changes.***

KIDS CLUBHOUSE

Permission for Emergency Care

I give permission for my child to be administered first aid and/or emergency care in the event of an accident or emergency.

*Parents will be notified immediately in the event of a serious injury. Our staff will use reasonable efforts to contact you prior to administering any care.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

# KIDS CLUBHOUSE

## Basic Information

### **Illness**

- Only healthy children should be brought to the Kids Clubhouse. Please DO NOT bring a child to the Clubhouse if he/she has any symptoms of illness.
- In the event that any of the following symptoms appear, the parent/guardian will be notified and required to pick up their child(ren) immediately.

Fever	Outbreak of rash
Hacking cough/wheezing	Pink eye (conjunctivitis)
Vomiting	Any other contagious illness
Diarrhea (3 times in a short period)	Colored mucus
- Clubhouse staff will not be responsible for administering medications.
- In the event that a contagious disease is unknowingly brought into the Clubhouse, the staff will notify all parents.
- A child who has been ill may return to the clubhouse with a physician's consent or when symptoms and/or fever no longer persist after a 24 hour period.
- Clubhouse staff is trained in basic CPR.
- In the event of a serious accident, our staff will use reasonable efforts to contact you prior to administering any care. Our internal emergency response system will be activated.

### **Safe Arrival and Departure**

- To guarantee a place for your child(ren), reservations are to be made 24 hours in advance.
- Failure to cancel your reservation will require payment for time reserved.
- Parents must sign in and let babysitting staff know what area(s) they will be exercising.
- Parents must remain in the fitness center and not leave campus.
- The name of the person who will pick up the child(ren) must be recorded on the registration / sign in sheet and told to an attendant if other than the dropping off parent.
- The parent or authorized person must sign the child out. Children will only be released to a parent or authorized person.
- Parents will give clubhouse staff person the receipt for proof of payment of service.
- The Clubhouse can only be occupied when there is a staff member present and on duty.

### **Behavior**

Occasionally a child may have behavioral needs we are neither staffed nor trained to work with. The babysitting staff will do all we can to support the child's continued participation; however, if the behavior shows no progress, is dangerous to himself/herself or other children, or requires so much of a teacher's time that other children are neglected, we will ask the family to make other babysitting arrangements.

### **The Kids Commandments**

- Children under the age of 16 years are not permitted in the fitness center Monday through Friday, unless in an organized program under the direct supervision of staff.
- Children under the age of 16 years are permitted in the park area and aquatic area on Saturday and Sunday only when under the direct supervision of a parent, guardian, or responsible adult.

- Children under the age of 16 years are not permitted in the weight area, cardiovascular area, sauna, steam or whirlpools.
- Children under the age of 16 years are permitted in the food service areas only under the direct supervision of parent or guardian.
- Children over the age of 1 year are not permitted in the opposite six locker rooms. A family changing area is available upon request.

**Other**

- No glass bottles or containers are permitted.
- Label all personal items with your child's name
- Provide diapers and rash ointment for your child.



411 North Washington, Dallas, Texas 75246

### RELEASE AND WAIVER OF LIABILITY

The Baylor Tom Landry Fitness Center and its affiliate Baylor Health Care System (collectively "Baylor") offer babysitting services to members of the Fitness Center at the Kids Clubhouse located in the Fitness Center (the "Babysitting Services"). I request that Baylor provide the Babysitting Services to my child/children whose names are set forth below.

I acknowledge receipt of and I agree to abide by the rules and regulations adopted by Baylor for the Babysitting Services and I understand that Baylor reserves the right to restrict or deny my use of the Babysitting Services if I fail to abide by the rules and regulations adopted by Baylor.

In consideration for the Babysitting Services provided by Baylor, from which I receive value and benefit, I assume all risks related to the Babysitting Services and release Baylor and all of its affiliated entities and their respective officers, directors, agents, servants, employees and representatives from all liability and waive any claim that I might make against Baylor and its affiliated entities and their respective officers, directors, agents, servants, employees and representatives, for any damage to property or injury to person arising out of or relating to Baylor's provision of the Babysitting Services, including any claim for negligence by Baylor or by any employee of Baylor.

**I understand and agree that the effect of signing this Release and Waiver of Liability is to give up all of my legal rights to file any lawsuit or to recover any money damages against Baylor and its affiliated entities for any claim relating to the Babysitting Services.**

Because use of the Babysitting Services is voluntary, I have agreed to sign this Release and Waiver of Liability. I have been given the opportunity to read carefully all of the terms of this Release and Waiver of Liability and I understand fully the legal consequences of signing it.

\_\_\_\_\_  
Signature of Parent

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

Name(s) of Child/Children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_