

FIT-N-WISE

A Wise Health System Service



FIT Y.O.U.T.H. CHILD CENTER

Youth Obtaining Ultimate & Total Health

Child Center Usage Agreement

The Fit-N-Wise Fit Y.O.U.T.H. Child center is NOT a child-care facility or day-care facility and therefore not licensed by the state of Texas.

The Fit-N-Wise Fit Y.O.U.T.H Child Center (the "Child Center") requests that before a child (the Participant) is left at the Child Center, a parent or legal guardian must complete all necessary Child Center paperwork. Accordingly, this form must be completed and submitted by a parent or legal guardian for each child who will be using the Child Center. A separate form is required for each participant. Additionally, should any of the information provided change at any time, the parent or legal guardian completing this form agrees to provide Fit-N-Wise Fit Y.O.U.T.H. Child Center with updated information as soon as possible.

Name of Participant (First, M.I., Last): _____ Nickname: _____ DOB: _____ Gender: _____

Address, City, State, Zip Code: _____

Parent or Legal Guardian #1: _____ Daytime Number: _____ Evening Number: _____

Address, City, State, Zip Code: _____

Parent or Legal Guardian #2: _____ Daytime Number: _____ Evening Number: _____

Address, City, State, Zip Code: _____

Emergency Contact: _____ Daytime Number: _____ Evening Number: _____

Name of Physician and Address : _____ Number: _____

Policies, Rules and Regulations

I agree that I have obtained a copy of The Fit-N-Wise Fit Y.O.U.T.H. Child Center Policy and that I, as well as the Participant, will comply with all policies, rules, and regulations established for the Child Center, as may be amended from time to time without notice. I understand and agree that the Participant's use of the Child Center is also governed by all terms and conditions contained in the Fit-N-Wise General Terms Agreement and Fit-N-Wise Member Usage Agreement that I have previously completed, including but not limited to, my waiver and assumption of risk contained therein.

Emergency Contacts and Release of Participant

Participant may only be released out of the care of the Child Center to the Participant's parent or legal guardian or to a person who has been identified as an emergency contact. Should The Child Center determine in its sole discretion that the person attempting to pick up the Participant is an immediate risk to the Participant, Fit-N-Wise will not release the child and the staff member will contact the local authorities. In the event of an emergency, the parent(s) or legal guardian(s) listed above will be notified first.

Special Needs

Does the Participant require additional accommodations? Explain: _____

See reverse for more information.

Fit-N-Wise.com

940-627-2708 | Facebook.com/FitN Wise
609 Medical Center Dr., Bldg. 200, Decatur

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Are the concerns serious enough to restrict the Participant's activities? Explain: _____

List any allergies staff should be aware of: _____

Is the Participant currently taking prescribed medication? Yes No If yes, for what reason? _____

Name of the medication: _____

Medical Attention

I agree that the Participant is in overall good health. In the event that Fit-N-Wise Fit YOUTH Child Center should have questions regarding the health of the Participant, I give consent for the Child Center to contact the participant's physician. In the event the Participant is involved in an accident that requires medical attention, I will be responsible for making all decisions related to all medical and survival procedures for the Participant including but not limited to the decisions about medical care, the administration of drugs and the performance of any and all life sustaining procedures. I further agree to make any and all arrangements for the Participant's transportation and admittance to any hospital, health center or medical clinic in the event of any emergency situation involving the Participant. In the event that the parent(s), legal guardian(s) or emergency contacts cannot be reached during a medical emergency, I give Fit-N-Wise permission to make decisions regarding any and all medical and survival procedures for the Participant. I agree that Fit-N-Wise and its staff members will not be held liable for any accident or losses, however caused.

Administration of Medication and Food Policy

I acknowledge that the Child Center will not administer any medication, either prescription or over-the-counter, to the Participant.

Permission to Release Information

I understand that the Fit-N-Wise Fit Y.O.U.T.H. Child Center may be required to release all or part of the given Participant information.

I hereby certify that I have read and understand this entire Agreement and the Fit-N-Wise Fit Y.O.U.T.H. Child Center Policy and agree to and accept the terms and conditions of these entire applications.

Print Parent or Legal Guardian Name: _____

Signature of Parent/Legal Guardian: _____ Date Signed: _____

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