



LA PALOMA KIDS CLUB PROGRAM CHILD EMERGENCY FORM

TO BE COMPLETED BY PARENT OR GUARDIAN
***ONE FORM PER CHILD, VALID FOR ONE YEAR**

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name(s) : _____ Relationship to Child: _____

Home Address: _____

City/State/Zip _____ Member Number: _____

Mobile Number(s): _____

Email Address: _____

Medical Permission Statement

Medical Conditions: _____

Food Allergies: _____

Current Medications: _____

Physical Activity Restrictions: _____

- The information provided above is correct and complete.
- My child has permission to engage in all program activities except as noted above.
- In the event of a medical emergency involving my child, I hereby give permission to the Program to seek emergency medical treatment by calling 911. I acknowledge that the medical bills incurred for any emergency medical treatment, including, but not limited to, ambulance transportation, hospitalization, physician care and treatment, diagnostic testing, and/or medications, are my sole responsibility.
- I consent to have my child use any sunscreen he/she may bring to avoid overexposure to the sun. I further provide my consent to staff of the Program, pursuant to my child's request, to assist my child with the application of sunscreen
- I consent to the release of any records necessary for emergency medical treatment or insurance purposes.
- I hereby acknowledge that it is recommended that one should obtain a physician's approval prior to allowing a child to participate in any activities such as those that will be available to my child as part of his/her enrollment in the Program. I represent that I have either obtained a physician's approval for my child to participate in the Program's physical activities or have decided to allow my child to participate in the Program's physical activities without obtaining prior approval of a physician, but in either case I hereby assume all responsibility for my child's participation in the Program's physical activities.
- I provide consent to staff of the Program, pursuant to my child's request, to assist my child with application of topical ointment.

_____ **Parent Initials**

EMERGENCY CARE:

In the event of the child's sickness, illness, or injury, and the parents or guardians are not available for communication or authorization, The Kids Club and its administration may, at their sole discretion, seek, obtain and administer emergency care for the child named. The parents or guardians do hereby release 'Releases' (as defined in the Kids Club Program-Child Emergency Form) from any liability resulting from said medical attention. In addition, parents or guardians do hereby authorize for a health care facility or physician to provide medical treatment as necessary to the child in the event parents or guardians cannot be reached and child must be taken to the facility. Parents or guardians also confirm that they assume full responsibility for payment for any medical services rendered.

_____ **Parent Initials**

In the event of an emergency while _____ (child's name) is at the Kids Club, please contact one or more of the following individuals:

1. Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

Email Address: _____

2. Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

Email Address: _____

The undersigned, as parent and/or legal guardian of: _____,

[Name of child] ("Child") a minor, has been fully informed of the activities which have been planned for children in the Program. I herewith and hereby release and indemnify Westin La Paloma Resort and Spa, La Paloma Country Club, SWVP La Paloma, L.L.C, Troon Golf, L.L.C., and their respective officers, directors, employees, agents, affiliates and assigns ("Releases'") from any and all manner of action or actions, cause or causes of action, which Child or the undersigned may have against Releases' in connection with, or arising out of participation by Child in said program. By providing this information, you acknowledge that some of the information may be sensitive in nature, and hereby authorize Releases' and others working on their behalf to collect, process and use the information provided (including personally identifiable and sensitive information) for any lawful, business related purpose; and to store your information at and transmit it to various locations throughout the world, either directly or through third party vendors, whether within your country of residence, the United States, or elsewhere. To learn more about our data collection and usage practices, please see our Privacy Statement.

By signing this form below, I acknowledge that I have read and accept the terms of this Emergency Form.

Parent/Guardian Signature

Signature Date

Parent/Guardian Printed Name

Member Number



TO BE COMPLETED BY KIDS CLUB PERSONNEL:

Kids Club Personnel Checking Child in: _____

Emergency Form Received on ____ / ____ / ____