



# Discovery Bay Enrollment and Emergency Medical Authorization

PROCLUB.COM  
425.861.6247



**Welcome to Discovery Bay!** It is our goal to ensure that PRO Sports Club is a comfortable “home away from home” and to help your child develop both healthy exercise habits and an active lifestyle. We focus on making each day a happy and meaningful experience for both you and your child(ren). If you have any questions, please feel free to contact us at (425) 861-6247.

**Please select the program(s) you are enrolling your child(ren) in:**

- Dropin Care    Pre-school

### Parent/Guardian

\_\_\_\_\_  
Name (First) (Last) Membership Number

\_\_\_\_\_  
Phone (Home) (Emergency) (Alternate)

### Child #1

\_\_\_\_\_  
Name (First) (MI) (Last)

Male    Female   Age \_\_\_\_\_   Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

- Choose One:    MEMBER    NON-MEMBER  
 Spa User or Guest  
 Non-Member Child of Member

**OFFICE USE ONLY**  
\_\_\_\_\_  
**New Child #**

### Child #2

\_\_\_\_\_  
Name (First) (MI) (Last)

Male    Female   Age \_\_\_\_\_   Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

- Choose One:    MEMBER    NON-MEMBER  
 Spa User or Guest  
 Non-Member Child of Member

**OFFICE USE ONLY**  
\_\_\_\_\_  
**New Child #**

Additional Information about your child(ren) we should know (i.e. allergy, special needs, etc.) \_\_\_\_\_

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

### Authorized Individuals

Individuals listed below are authorized for drop-off and pick-up of child(ren) listed above. Photo ID is required.

First Name	MI	Last	Relation to Child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments: \_\_\_\_\_

### Emergency Information

In case of an emergency and parent/guardian is not available at the numbers listed above.

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

>> Please complete page 2 regarding allergies and medical conditions >>

# Medical Information

In the event of my absence during a medical emergency, I (Parent's Name) \_\_\_\_\_ hereby give my permission for the prior mentioned child(ren) to be transported to a hospital or other medical facility as advised by medical personnel and/or to receive medical and surgical treatment from a licensed physician or medical technician. Further, I understand that I, and not the PRO Sports Club, will be responsible for any payment of fees or costs associated with treatment rendered in such a medical emergency.

## Child(ren)'s Physician

Name \_\_\_\_\_ Practice/Group Name \_\_\_\_\_ Office Phone \_\_\_\_\_ / / \_\_\_\_\_  
Date of last check-up/physical

## Child(ren)'s Dentist

Name \_\_\_\_\_ Practice/Group Name \_\_\_\_\_ Office Phone \_\_\_\_\_

## Hospital

If a hospital is needed, do you have a preference? \_\_\_\_\_

## Insurance

Policy provided by \_\_\_\_\_ Policy Name \_\_\_\_\_ Policy ID Number \_\_\_\_\_ Policy Group Number \_\_\_\_\_

# Allergy/Medical Information

Mark any allergies and medical conditions PRO Sports Club staff needs to be aware of. \*Please remind the instructor of all allergies when you bring your child to our Programs.

### Food & Drink Allergies:

- Dairy Products
- Chocolate
- Nuts
- Fruits
- Other: \_\_\_\_\_

### Medication(s):

- Penicillin
- Medicine: \_\_\_\_\_
- Medicine: \_\_\_\_\_
- Medicine: \_\_\_\_\_
- Other: \_\_\_\_\_

### Medical Condition(s):

- Tubes in ears
- Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Comments: \_\_\_\_\_

>>I understand that any of these foods may be within the reach of my child(ren) when in the Discovery Bay. Initials \_\_\_\_\_<<

# Waiver and Release of Liability: (Read carefully before signing!)

I AGREE THAT THIS WAIVER AND RELEASE OF LIABILITY SHALL APPLY TO EACH VISIT I MAKE TO PRO SPORTS CLUB, INCLUDING FUTURE VISITS, REGARDLESS OF ANY DATE OF ISSUANCE OR EXPIRATION DATE ON THE GUEST OR PERMANENT MEMBERSHIP CARD, AND REGARDLESS OF THE DATE THAT THIS FORM IS SIGNED BELOW. I UNDERSTAND AND ACKNOWLEDGE THERE IS RISK INVOLVED IN BEING IN AND AROUND PRO SPORTS CLUB'S FACILITIES, INCLUDING, BUT NOT LIMITED TO, UTILIZING EQUIPMENT OR PARTICIPATING IN ANY EXERCISE OR FITNESS ACTIVITY. IN CONSIDERATION FOR BEING ALLOWED TO UTILIZE PRO SPORTS CLUB'S FACILITIES, I AGREE I WILL ASSUME THE RISK AND FULL RESPONSIBILITY FOR ANY AND ALL INJURIES, LOSSES, DEATH, COSTS, OR OTHER DAMAGES, THAT MIGHT OCCUR TO ME AND/OR TO MY FAMILY WHILE ON THE PREMISES OF PRO SPORTS CLUB OR PARTICIPATING IN ANY OFF-SITE PRO SPORTS CLUB PROGRAM OR ACTIVITY; AND TO THE MAXIMUM EXTENT ALLOWED BY LAW, I AGREE TO WAIVE AND RELEASE ANY AND ALL CLAIMS, SUITS, OR RELATED CAUSES OF ACTION AGAINST PROFESSIONAL RECREATION ORGANIZATION, INC., ITS OWNERS, OFFICERS, EMPLOYEES, OR AGENTS (COLLECTIVELY PRO SPORTS CLUB), FOR NEGLIGENCE, INJURY, LOSS, DEATH, COSTS, OR OTHER DAMAGES TO ME, MY HEIRS OR ASSIGNS, WHILE ON THE PREMISES OF PRO SPORTS CLUB OR PARTICIPATING IN ANY OFF-SITE PRO SPORTS CLUB PROGRAM OR ACTIVITY. I FURTHER AGREE I WILL INDEMNIFY, DEFEND AND HOLD PRO SPORTS CLUB HARMLESS, TO THE MAXIMUM EXTENT ALLOWED BY LAW, FROM NEGLIGENCE, INJURY, LOSS, DEATH, COSTS, OR OTHER DAMAGES TO ME, MY HEIRS OR ASSIGNS, OR THIRD PARTIES FOR CLAIMS, SUITS, OR RELATED CAUSES OF ACTION ASSERTED AGAINST PRO SPORTS CLUB ARISING FROM MY CONDUCT AND/OR MY FAMILY'S CONDUCT WHILE ON THE PREMISES OF PRO SPORTS CLUB OR PARTICIPATING IN ANY OFF-SITE PRO SPORTS CLUB PROGRAM OR ACTIVITY AND THIS WAIVER AND RELEASE SHALL BIND THE MEMBERS OF MY FAMILY AND MY SPOUSE OR REGISTERED DOMESTIC PARTNER, IF I AM ALIVE, AS WELL AS MY ESTATE, FAMILY, HEIRS, ADMINISTRATORS, PERSONAL REPRESENTATIVES OR ASSIGNS IF I AM DECEASED, AND SHALL BE DEEMED AS A "RELEASE, WAIVER, DISCHARGE AND COVENANT" NOT TO SUE PRO SPORTS CLUB. I FURTHER AGREE TO RELEASE, INDEMNIFY, DEFEND AND HOLD PRO SPORTS CLUB HARMLESS FROM ANY LIABILITY WHATSOEVER FOR FUTURE CLAIMS PRESENTED BY MY CHILDREN OR ANY OTHER MINOR CHILDREN AND/OR THEIR PARENTS, WHOSE VISIT TO PRO SPORTS CLUB IS SPONSORED BY ME, FOR ANY INJURIES, LOSSES OR DAMAGES TO THEMSELVES OR ANY FAMILY MEMBER OR REGISTERED DOMESTIC PARTNER. IF ANY TERM OF THIS WAIVER AND RELEASE SHALL BE FOUND ILLEGAL, UNENFORCEABLE OR IN CONFLICT WITH ANY APPLICABLE LAW, THE VALIDITY OF THE REMAINING PORTIONS SHALL NOT BE AFFECTED THEREBY.

I have read this waiver and release of liability. \_\_\_\_\_ Initials

### I am aware of and agree to follow the Discovery Bay Policies stated below:

- Space cannot be guaranteed without advanced reservations. We cannot accept "drop-ins" if reservations are full. \_\_\_\_\_ Initials
- Cancellations must be made at least 24 hours in advance to avoid being charged the full reservation amount. \_\_\_\_\_ Initials
- A \$20 late fee will be charged (in addition to the hourly fee) for picking up your child more than ten (10) minutes after the reservation end time. \_\_\_\_\_ Initials
- Children may be excluded from care for the following illness symptoms: fever, vomiting, diarrhea, eye discharge, nasal drainage, cough, rash, head lice or communicable illness. Children may return to care 24 hours after all signs of illness are clear or upon receipt of a doctor's note stating that the child is no longer contagious. \_\_\_\_\_ Initials

**BY MY SIGNATURE BELOW I UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS.**

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Please print*

PRO Sports Club Staff \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Please print*