



### General Member Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (circle one):      Male              Female

Ethnicity: \_\_\_\_\_

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

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

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please list all people allowed to pick up member: \_\_\_\_\_

\_\_\_\_\_

### School Information:

Grade in 22/23 School Year: \_\_\_\_\_ School Enrolled in for 22/23 School Year: \_\_\_\_\_

### Medical Information:

Permission for Treatment by Doctor/Hospital (circle one):      Yes              No

Serious Health Problems or Allergies (circle one):      Yes              No

If Yes Explain: \_\_\_\_\_

\_\_\_\_\_

Medications (circle one):      Yes              No

If Yes Explain: \_\_\_\_\_

\_\_\_\_\_

Medical Conditions (circle one):      Yes              No

If Yes Explain: \_\_\_\_\_

\_\_\_\_\_

(580) 332-3717

[management@adapeak.com](mailto:management@adapeak.com)

915 S. Hickory Street, Ada, OK 74820

### **Summer Hours:**

Mon-Fri: 7:30am - 5:30pm

Sat-Sun: Closed



## Sibling Information:

Please list all siblings that will be attending the PEAK summer program/day camp:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## Primary Parent/Guardian Contact:

Relationship to Member: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Secondary Parent/Guardian Contact:

Relationship to Member: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Emergency Contacts:

Emergency Contact 1 Name: \_\_\_\_\_

Emergency Contact 1 Number: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_



Emergency Contact 2 Name: \_\_\_\_\_

Emergency Contact 2 Number: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

#### RELEASE OF LIABILITY and COVENANT NOT TO SUE

I, the undersigned parent/guardian, hereby express my desire and approval for participation of my child, as a member of The Peak, and acknowledge that such participation may include, without limitation, travel, participation in physical activities and the use of equipment and supplies as applicable. I further acknowledge that participation in the program is entirely at my risk and the risk of my child. I hereby promise not to bring a claim against or sue, and AGREE TO RELEASE The Peak, its sites, employees, affiliates, agents, landowners, officers, directors, and their successors in interest, any equipment manufacturers, and distributors, together with each of their officers and managers, (collectively "PROVIDERS"), from all liability for injury, death, and property loss and damage that results from participation in Peak activities.

I authorize PROVIDERS to administer first aid as they deem necessary. I authorize transportation to a medical facility, at my expense, if deemed necessary by PROVIDERS. Further, in the case of serious illness or injury, if I cannot be reached, I give permission for treatment, including medical and/or surgical care necessary for the well-being of my child, at my expense. I agree that upon transporting the child to any medical facility, clinic or hospital that the responsibility of the PROVIDERS shall be totally fulfilled, and the PROVIDERS shall have no further responsibility for the child. I UNDERSTAND THAT THE PEAK WILL, TO THE BEST OF ITS ABILITY, ATTEMPT TO NOTIFY ME AS SOON AS POSSIBLE IN THE EVENT OF AN EMERGENCY.

I hereby grant exclusive permission to The Peak and their respective agents, clients and assigns to use my Child/Children's name and image(s) as well as parents/guardians for the purpose of publicity, public relations, editorial, or other advertising purposes without restriction as to frequency or duration.

I acknowledge that it is the responsibility of my child to choose the applicable programs they wish to participate in. It is their responsibility to inform a staff member if they do not wish to participate in an activity.

I understand that The Peak is not responsible for lost or stolen articles. I acknowledge that my child must follow the rules and guidelines of The Peak. In the event of any disciplinary issues, I will be contacted, and appropriate action will be taken by the staff up to and including suspension from the Peak.

I acknowledge that the Peak maintains an Open Door Policy. Members are welcomed and supervised in the facility under safety and citizenship guidelines. Staff does not grant permission for children to leave the Peak, nor do they insist that members stay. The decision as to when a child arrives at the Peak and with whom he/she leaves is a matter arranged between parent and child.



I give my permission to The Peak to share information about the minor child listed on this application with Peak associates for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to these associates may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by The Peak, including data collected via surveys or questionnaires. All information provided to the peak will be kept confidential.

I grant permission for my child to participate in field trips and fundraising activities at The Peak. Transportation will be walking or provided by a Peak vehicle as applicable. I understand that there might be times that I will be asked to provide transportation for my child. I understand that some field trips may require an additional release form and/or additional fees. I understand that Field Trips and activities may involve staying overnight either at the Peak facility, or with an approved mentor at a location off-site in the event of camping trips, lock-ins, and sleepovers. It is my responsibility to let my child know if he/she can or cannot participate in these activities and field trips, and it will be his/her responsibility to notify staff of this.

I grant permission for my child to participate in the Computer Lab programs, including use of the Internet. I understand that my child will be required to follow all guidelines regarding the use of the internet. Bringing cell phones and other electronic devices to the Peak are discouraged, and the device may be taken away if a member abuses its use.

As parent/guardian of the above-named minor, I acknowledge that I am authorized to sign this agreement for the minor. I acknowledge and agree that I have read the foregoing release and that by signing this release on behalf of the minor, the minor and I agree to be bound by its terms. I hereby agree to INDEMNIFY, DEFEND AND HOLD HARMLESS PROVIDERS as defined on this form for any claim, suit, expense, or loss which arises out of the above-named minor's participation in The Peak, its programs, activities, or events.

As parent/guardian of the above-named minor, I am responsible for summer weekly and/or summer day camp payments at the beginning of the week or beginning of the day of day camp.

As the parent/guardian of the above-named minor, I am responsible for ensuring drop off occurs no earlier than 7:30am (Monday-Friday) and that pickup will occur no later than 5:30pm. Summer program activities will cease each day at 5:00pm. Failure to comply with the set drop off and pick up times for summer hours will result in removal from the summer program.

**Parent Printed Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_