



www.sabethawellness.com
785.284.1538

1405 Oregon St.
Sabetha, KS 66534

Sabetha Health & Wellness Center Kid Zone Enrollment Form

Child 1: _____ Gender: M F Birth Date: _____
 Child 2: _____ Gender: M F Birth Date: _____
 Child 3: _____ Gender: M F Birth Date: _____
 Child 4: _____ Gender: M F Birth Date: _____

IDENTIFYING INFORMATION (PARENTS/GUARDIANS)

Name: _____ Email: _____
 Address: _____ Home Phone: _____
 Employer: _____ Work/Cell Phone: _____

Name 2: _____ Email: _____
 Address: _____ Home Phone: _____
 Employer: _____ Work/Cell Phone: _____

LOCAL EMERGENCY CONTACTS

Name: _____ Relationship: _____
 Address: _____ Phone: _____
 Name: _____ Relationship: _____
 Address: _____ Phone: _____
 Doctor: _____ Phone: _____

Hospital Preference: _____

CONSENT & LIABILITY WAIVER

- I have read and agree to follow the policies and procedures brochure. I understand that any violation may result in my child’s suspension from the Kid Zone.
- I will not hold the Sabetha Health & Wellness Center responsible for any loss or damage to personal property
- I release the Sabetha Health & Wellness Center, its staff and volunteers from all claims of injury which may be sustained by above child while participating in any SHWC-sponsored activity, whether caused by the negligence of the SHWC or otherwise. If I am unavailable and medical attention is required, I give my permission for such medical care.
- I understand I will be notified in case of an accident or illness to my child, so I may make arrangements for medical care with the physician or hospital of my choice. I realize medical expenses are the responsibility of the parent/guardian.
- I understand that if my child has an allergy that I will alert the Kid Zone staff every time I check my child by placing a bright colored name tag on their back identifying their allergy.

Signature of Parent/Guardian

Date