



Entertainment One Stop Shop LLC.

Today's Date: _____

Parent/Guardian Information

Last Name: _____ First Name: _____ Relationship to Child: _____

Home Address: _____ Apt #: _____

City/Town: _____ State: _____ Zip Code: _____

Daytime Phone #: _____ Cell Phone #: _____

Work Name: _____ Work Address: _____

Work Telephone: _____ Annual Salary: _____ Email: _____

Race/Ethnicity:

- American Indian or Alaska Native White Non Hispanic Asian Multiracial Hispanic or Latino
 Black or African American Non Hispanic Native Hawaiian or Other Pacific Islander Other: _____

Employment Status:

- Employed Full-Time Not Employed Employed Part-Time Retired Self-Employed
 Student Other: _____

Yearly Household Income:

- Below \$13,000 \$13,000 - \$16,599 \$16,600 - \$19,999 \$20,000 - \$23,399 \$23,400 - \$26,799 \$26,800 - \$30,199

- \$30,200 - \$33,599
 \$33,600 - \$36,999
 \$37,000 - \$40,399
 \$40,400 - \$43,799
 \$43,800 - \$47,199
 \$47,200 - \$50,599
 \$50,600 - \$59,999
 \$60,000 - \$74,999
 \$75,000 - \$100,000
 Over \$100,000

Please Check All That Apply:

- AFDC
 BPS Free Lunch Program
 Single Parent Household (female)
 SSI/SSDI
 Child Support
 Homeless
 Food Stamps
 Single Parent Household (male)
 Alimony
 Veteran Status
 Public Housing
 General Assistance
 Handicapped
 Foster Care
 Unemployment Insurance

Child's Information

T-shirt Size: Sm Med LG XL XXL

Child's Last Name: _____ First Name: _____ DOB: ____/____/____ Gender: _____

Home Address: _____ Apt #: _____

City/Town: _____ State: _____ Zip Code: _____

Daytime Phone #: _____ Evening Phone #: _____

Allergies: _____ Medications: _____ Asthma: _____

Child Identifying Information (Required)

Hair Color: _____ Eye Color: _____ Sex: _____ Weight: _____ Skin Color: _____

Height: _____

Name of Child's School: _____

School Address: _____

If Child's Parent/Guardian Cannot be Contracted Please Notify

Last Name: _____ First Name: _____ Relationship to Child: _____

Home Address: _____ Apt #: _____

City/Town: _____ State: _____ Zip Code: _____

Daytime Phone #: _____ Cell Phone #: _____ Email: _____

Transportation Authorization

My Child Will Depart From The Program By:

- Parent Pick Up
 Unsupervised Walk
 (Parent Signature Required)
 Supervised Walk: By Whom: _____ Relationship to Child: _____
 Other: Please Specify: _____

I give permission for my child to be released from the program and/or to be received at the end of the program to the people listed above. They may also be contacted in case of emergency.

Parent Signature: _____ **Date:** _____

Physical & Immunizations Form

I hereby state that my child _____ is current and up to date on his/her immunizations, and lead screening. **You will be required to submit a copy of such form before the inception of Program.**

Parent Signature: _____ **Date:** _____

Pediatrician or Source of Health Care

Doctors Name: _____

Hospital Address: _____

Phone Number: _____

Insurance Information

Company Name: _____ Policy #: _____

Participating Hospital: _____

Special Instruction: _____

Health History

- Frequent Ear Infection Heart Defects Convulsion Diabetes Bleeding Clotting Disorder
- Hypertension Mononucleosis Diseases Chicken Pox Measles Mumps
- Attention Deficit Attention Deficit Hyperactivity Disorder

Allergies:

- Hay Fever Poison IVY Insect Sting Penicillin Peanut Butter Other: _____

Does your child have any medical restrictions? Yes or No
If yes explain _____

If your child needs medicine you must get a doctor's note giving us permission to administer medication during camp hours. Without this letter NO MEDICATIONS can be administered.

Does your child have any emotional/behavioral problems? Yes or No
If yes, please explain: _____

Is your child taking any medication? Yes or No
If yes, please explain: _____

List Your Child's Hobbies

The health history is correct so far as I know and the person herein described has permission to engage in all prescribed activities

Parent Signature: _____ Date: _____

Medical Authorization & Consent Form

I _____ (Name of Parent of Legal Guardian) hereby give permission for my child _____ to participate in activities related to the Entertainment One Stop Shop LLC unless otherwise stated. I further release, discharge and hold harmless Entertainment One Stop Shop LLC, their successors, agents, employers, volunteers and assigns from any and all loss, damage, costs, claims, liability, and/or causes of action arising out of my child's participation in the Entertainment One Stop Shop LLC and or being transported to or from their activities. As a parent of legal guardian of the above named participant in the program, I hereby give my consent for emergency care including first aid to preserve life, limb or well being of my child.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____. However, if I cannot be contacted I hereby authorize Entertainment One Stop Shop LLC Program program to transport my child to the nearest hospital and secure necessary medical treatment. An ambulance will be called if necessary. I understand that staff members in the Entertainment One Stop Shop LLC Program are trained in the basics of First Aid and CPR and I authorize them to administer First Aid including: the use

of triple antibiotic ointment, hydrogen peroxide, betadine solution, sterile saline eye wash, applying ice sand sunscreen, and performing CPR when appropriate.

CONSENT TO USE NAME AND PHOTOGRAPH

By signing below, applicant, parent, or guardian hereby gives permission to the above-named individual to participate in activities with Entertainment One Stop Shop LLC

Further, in consideration of the privilege to participate, applicant and parent/guardian by signing below hereby gives consent to use at the discretion of the Entertainment One Stop Shop LLC all media, or photo's taken of the above named applicant in connection with the Entertainment One Stop Shop LLC . together with such applicant's name.

RELEASE FROM LIABILITY

I, the undersigned, hereby release and all persons associated with this basketball event in any capacity, from any liability due to injuries, etc... that may incur as a result of my attendance and/or participation at the above specified event. Further, in consideration of the privilege to participate, applicant, parent, or guardian hereby for ourselves, our heirs, executors and administrations release Entertainment One Stop Shop LLC and it's agents, employee's representative, and assigns from any and all liability, loss, damages, cost, claims, and/or causes of action, including, but not limited to, bodily injury, including transportation to or from activities, that either of us may have arriving out of the above-named applicant in the Entertainment One Stop Shop LLC **student athlete program**. I have read, understand and agree to abide by the rules associated with this event and assume all responsibility and any associated liability for infringement of such rules. Additionally, I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to compete at said Entertainment One Stop Shop LLC **student athlete program**.

Parent Signature: _____

Date: _____