



Child's Name		Gender		Grade	
Address				D.O.B.	
City		State		Zip	
Home Phone		Cell Phone			
Email Address				Ethnicity	
Parent's Marital Status	O-Single O-Married O-Divorced O-Widowed O-Domestic Partner			Eye Color	
School Name				Hair Color	
Homeroom				Height	
Teacher Name				Weight	
School Lunch Qualification	O-Free O-Reduced O-None (not eligible)				

Rank Child's Interest in these areas beginning with 1 as the most interested.

Arts & Crafts	Sports, Fitness & Recreation	Music	Drama
Science	Technology	Health	Finance

Is your child involved with any other groups?

YMCA/YWCA	Boys & Girls Club	Camp Fire	Church Group
Boy/Girl Scouts	Sports Teams (AAU, Little League, etc)	Band	Other

Authorized Pick Up People

Name	Phone Number	Relation to Youth

Unauthorized Pick Up People

Name	Phone Number	Relation to Youth



Contact Information for:				
Primary Guardian Name		Relation to Youth		
Home Phone		Cell Phone		
Home Address				
City	State		Zip	
Occupation	Employer			
Work Address	Work Phone			
Email Address				

Secondary Guardian Name		Relation to Youth		
Home Phone		Cell Phone		
Home Address				
City	State		Zip	
Occupation	Employer			
Work Address	Work Phone			
Email Address				

Emergency Contact Information

Emergency Contact Name		Relation to Youth		
Home Phone		Cell Phone		
Home Address				
City	State		Zip	
Email Address				

Emergency Contact Name		Relation to Youth		
Home Phone		Cell Phone		
Home Address				
City	State		Zip	
Email Address				



Medical Information for:

--

NOTE: All medical information is strictly confidential. Providing this information allows staff to better serve your child. Please make sure to provide accurate information regarding your child's medical needs.

Doctor's Name		Phone Number	
Insurance Carrier		Insurance Phone	
Policy Number		Group Number	
Behavioral Condition	O-ADD O-Autism O-ADHD O-Aspergers O-OCD O-Other:		
Food Allergies	O-None O-Yes, please explain:		
Serious Health Concerns	O-None O-Yes, please explain:		
Medications	O-None O-Yes, please explain:		

Medical Consent. If I or my child should suffer injury or illness, I grant permission for the HUB Sports Center to use its discretion to have me or my child transported to a medical facility for medical care and treatment, and I take full responsibility for this action. Further, I agree to be fully responsible for the cost of any such medical treatment.

Signature: _____

I acknowledge that from time to time photos, recordings, or videos may be taken of HUB360 members engaged in HUB360-related activities and used in HUB promotional materials (such as HUB newsletters and HUB web pages) and educational materials or submitted to local newspapers, publications, and TV stations to promote the HUB, recognize member achievement, and raise money. By signing below, I consent to the use of images or recordings of my child to be used for public relations, news articles, telecasts, education, marketing, research, inclusion on the HUB's website, fundraising, or any other purpose by the HUB. I release the HUB Sports Center, their officers, directors, and employees, and each and all persons involved, from any liability in connection with the taking, recording, or publication of photographs, slides, computer images, videotapes, or sound recordings of my child. Further, I waive all rights to any claims for payment or royalties in connection with any exhibition, televising, or other publication of these materials. I also waive any right to inspect or approve any photo, video, or film taken by the HUB, or the person or entity designated by it. Note: If you wish to rescind or amend this consent at any time, please contact the HUB Sports Center.

Signature: _____



Other Information for:

--

NOTE: This information is collected for grant purposes only and will NOT be shared with outside parties
Please circle your response.

Student lives with:	Both Parents	Father	Mother
	Foster Parent	Grandparents	
	Other, please list:		

Current head of household:	Male	Female
Is the head of household currently a single parent?	Yes	No

Is there a member of the household 65 yrs or older?	Yes	No
---	-----	----

Is there a member of the household in the military?	Yes	No
If yes, which military branch? (Army, Navy, etc.)		

Is there a member of the household who is handicapped?	Yes	No
--	-----	----

Number of people living in the household.	
Number in household under the age of 18 yrs.	

Annual Household Income	\$0 - \$9,999	\$30,000 - \$39,999
	\$10,000 - \$19,999	\$40,000 - \$49,999
	\$20,000 - \$29,999	\$50,000 - \$59,999
		\$60,000+

HUB 360 Program DISCLAIMER, ASSUMPTION OF RISK AND WAIVER FOR: _____

PLEASE READ THIS DOCUMENT CAREFULLY AS YOUR SIGNATURE INDICATES THAT YOU HAVE AGREED TO SIGN AWAY RIGHTS. In consideration of being permitted to enter the HUB Sports Center (HUB) facilities for any purpose and to participate in any program, event, or activity affiliated with the HUB, whether or not located on HUB premises, I agree to the following:

_____ **Not Childcare** (initial)

I ACKNOWLEDGE THAT THE HUB PROVIDES RECREATIONAL SERVICES ONLY; IT DOES NOT PROVIDE CHILD CARE SERVICES and its programs and activities should not be used for such purposes.

_____ **Release** (initial)

For myself and the child listed below, and anyone who claims by and through our stead, I FOREVER RELEASE AND PROMISE NOT TO SUE the HUB, its Board of Directors, officials, agents, volunteers, employees, staff, members, managers, officers, associate agents, contractors, sponsors, vendors, exhibitors, and/or any other person or company in any way associated with the HUB, to the maximum extent allowed by law, from any and all liability, claims, demands, damages, or any other legal responsibilities in any way related to the use of the HUB or its facilities or participation in any HUB programs, events, or activities. This release includes without limitation any and all claims, foreseeable and unforeseeable, relating to physical or other injury, death, or damage to property and any and all claims relating to negligence or negligent instruction, hiring, supervision, inspection or maintenance.

_____ **Indemnification** (initial)

I FOREVER AGREE TO INDEMNIFY AND REIMBURSE THE HUB for any damages or liabilities it may incur due to my presence or actions, or the presence or actions of the child listed below, members of my family or my household, or individuals I invite or for whom I am responsible upon or about the HUB's premises or in any way observing or using any facilities or equipment of the HUB or participating in any program affiliated with the HUB, whether on the HUB's premises or elsewhere, including but not limited to damages or liability resulting from the negligence of the HUB, to the maximum extent allowed by law.

_____ **Assumption of Responsibility/Risk** (initial)

I FOREVER ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISK, KNOWN AND UNKNOWN, OF BODILY INJURY, DEATH, OR PROPERTY AND OTHER DAMAGE to me or to the child listed below, due to the negligence of the HUB or any other cause – foreseeable or unforeseeable – to the maximum extent allowed by law, while in, about or upon the premises of the HUB, while using the premises or any HUB facilities or HUB equipment, or while participating in any program affiliated with the HUB, whether or not the injury occurs on the HUB's premises. I understand the risks inherent in the activities that the HUB sponsors and assume all such risks, as well as all non-inherent risks, for myself and the child listed below.

_____ **Inspection** (initial)

I agree that participation in any program affiliated with the HUB is an acknowledgement that I have inspected the premises, facilities, equipment and programs and that I find them to be safe for my observation, use, and participation and that I find them to be safe for the participating child listed below. I make this acknowledgement for myself, the child listed below, my personal representatives, heirs, assigns, and next of kin.

_____ **Definitions** (initial)

I understand that the phrases "participation in any program affiliated with the HUB" and "participate in any program affiliated with the HUB" as used in this Waiver include entry onto HUB premises for any purpose (whether or not for the purpose of participating in an event affiliated with the HUB), observation of any event affiliated with the HUB, participation in any activity affiliated with the HUB whether at the HUB or at another location, the use of any transportation provided by the HUB, and the use of any HUB facilities or equipment.

_____ **Representation of Legal Guardian** (initial)

I am the legal custodian and have guardianship rights with respect to the child on whose behalf this waiver is executed. I sign for said child under express authority.

_____ **Information Sharing** (initial)

I give permission for the HUB to obtain pertinent information from/to schools, social service agencies, mental health providers and other related agencies concerning my child. I understand that this information will be used with discretion. I further grant permission for the information provided by myself, my child, the child's family and other agencies to be shared with discretion to those working with my child when the information provided is pertinent to my child's successful attendance in the program. I understand that all parties are asked to hold this information in confidence.

_____ **Late Pick Up** (initial)

If I do not pick up my child by the program ending time, I agree to pay the applicable fee (\$1 per minute). Failure to pay may result in expulsion from the HUB 360 program.

_____ **HUB 360 Program Withdrawal** (initial)

I agree to voluntarily withdraw my child from the HUB 360 Program if there are persistent disciplinary issues or other problems that cannot be resolved through reasonable efforts of the staff. I understand that the HUB staff reserves the right to ask for the immediate withdrawal of any student.

I intend that this Waiver be as broad and inclusive as permitted by law and that, if any portion of this Waiver should be deemed to be invalid, the remainder will continue in full legal force and effect. I also intend that this Waiver will remain in full legal force and effect forever, regardless of whether or not my child is participating in the program currently.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER and have initialed the paragraphs above to indicate my understanding and acceptance. I further agree that no oral representations, statements or inducements apart from the foregoing Waiver have been made.

BY SIGNING BELOW, I HAVE AGREED TO ALL OF THE WAIVER'S TERMS, INCLUDING THOSE TERMS CALLING FOR A SEPARATE INITIAL, REGARDLESS OF WHETHER I HAVE INITIALED WHERE INDICATED ABOVE.

Date:_____ Parent/Guardian Signature:_____ Print:_____

Date:_____ Student/Participant Signature:_____ Print:_____

THE PARTICIPANT FULLY RECONGNIZES AND UNDERSTANDS that a recreational facility presents certain risks to the participant and that the participant's presence at the facility is inherently dangerous.

THE PARTICIPANT FULLY RECOGNIZES AND UNDERSTANDS that they may have certain legal rights and remedies with respect to injuries incurred while the participant is at the facility.

THE PARTICIPANT INTENDS AND DOES HEREBY VOLUNTARILY RELINQUISH AND ABANDON any and all legal rights and remedies the participant might have or acquire against the Spokane Valley HUB, its officers, directors, and employees for any injuries the participant incurs while at the facility. The participant expressly acknowledges that this release of any and all legal rights and remedies will apply to any injuries that the participant may sustain as a result of any acts including acts of negligence of the Spokane Valley HUB, its officers, directors, and employees. This waiver and release shall apply to injuries resulting or in part from negligence on the part of the Spokane Valley HUB, its officers, directors, and employees.

THE PARTICIPANT FULLY RECOGNIZE AND UNDERSTANDS that this voluntary waiver of legal rights and remedies covers and includes injury or injuries the participant incurs while at the facility for any purpose whatsoever. This includes, but is not limited to facility use.

THE PARTICIPANT HAS CAREFULLY READ THIS DOCUMENT, UNDERSTANDS ITS PURPOSE AND CONTENTS; HAS HAD THE OPPORTUNITY TO DISCUSS THIS WAIVER WITH A REPRESENTATIVE OF THE SPOKANE VALLEY HUB. THE PARTICIPANT HEREBY REAFFIRMS THEIR INTENTION TO WAIVE THEIR LEGAL RIGHTS AND REMEDIES AGAINST THE SPOKANE VALLEY HUB, ITS OFFICERS, DIRECTORS, AND EMPLOYEES FOR ANY INJURIES THE PARTICIPANT SUSTAINS, INCLUDING ANY INJURIES RESULTING FROM THE NEGLIGENCE OF THE SPOKANE VALLEY HUB, ITS OFFICERS, DIRECTORS, AND EMPLOYEES BY SIGNING BELOW.

Participant Signature

Participant Print Name

Parent/Guardian Signature

Date:_____

Date:_____