

Pinnacle Explorations Registration

Please fill out this form completely. Sign and initial where indicated and mark N/A on sections that do not apply. We cannot accept incomplete applications. The information you provide will be used to assist our staff with care of your child and is considered confidential. **We may require additional information about your child.**

Please contact our staff if any of the information on this form changes.

Child Information

Child Name: _____ Gender: _____ Age: _____ Birth Date: ____/____/____
Address: _____ City: _____ Zip: _____
School: _____ Grade: _____ Teacher: _____

Parent Information

Parent/Guardian Name: _____ Email: _____
Day Phone: _____ Evening Phone: _____ Cell Phone: _____
Address (if different from above): _____
Relationship to Child: _____ Languages Spoken at Home: _____

General Authorizations

My child has permission to participate in field trips by means of walking, public bus, and van driven by Pinnacle Explorations staff. Yes No Initial Here _____

My child has permission to participate in swimming, wading, and other water activities with Pinnacle Explorations. Yes No Initial Here _____

Swimming Ability (circle one): Non-Swimmer Beginner Intermediate Advanced

My child may be photographed for Pinnacle Explorations publications. Yes No Initial Here _____

Child Behavior

If additional space is needed, please attach another sheet. This information will be used by staff to best accommodate your child. Please give any relevant information. If your child is experiencing any unfortunate or stressful circumstances, please alert staff so we may better meet the needs of your child.

My child has the following behavioral issues or tendencies of which the staff should be aware: _____

I handle these behaviors in the following way: _____

Sign In & Sign Out Procedures

Authorized individuals must sign in your child upon arrival. If your child arrives to the program site by school transportation, our staff will admit him/her to our care. Your child must be signed out of our care by an authorized individual using a full, legal signature (staff may request legal ID).

Emergency Contacts (Also authorized for participant pick-up)

In the event of an emergency we will contact Emergency Services, then the parent listed above. Please list here additional parents, guardians, and others you wish us to contact if we cannot reach you.

Name: _____ Relationship: _____ Email: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Name: _____ Relationship: _____ Email: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Pick-Up Authorization & Information

Please list all individuals who may pick-up your child. The minimum age for authorized individuals is 16. We will not release your child to person not listed below. We will not accept authorization over the phone. Parents and Emergency Contacts will be authorized for child pick-up & need not be repeated here.

Name: _____ Relationship: _____ Phone(s): _____

Name: _____ Relationship: _____ Phone(s): _____

Legal Documentation

Please attach a copy of any parenting plans or current restraining orders which have been issued by legal authority and are in effect in the State of Washington.

My child has a parenting plan. Yes No Expiration Date: _____ Initial Here _____

My child has a restraining order. Yes No Expiration Date: _____ Initial Here _____

Parental Consent, Release and Waiver of Liability, Assumption of Risk, & Indemnity Agreement

EVENT(S): All programs and activities offered by Pinnacle Explorations including but not limited to recreation activities and classes, special events, field trips, sports, and athletics.

In consideration of my minor child ("the Minor") being permitted to participate in any way in the EVENT(S), I agree: I know the nature of the EVENT(S) and the Minor's experience and capabilities, and believe the Minor to be qualified to participate in the EVENT(S). The Minor and I will inspect the premises, facilities, and equipment to be used or with which the Minor may come in contact to ensure it is safe to our satisfaction. I have spoken with the Minor about the dangers of the activities and the fact that the Minor could- for a variety of known, unknown, foreseeable, and unforeseeable reasons, including negligence of Pinnacle Explorations, its employees and volunteers, officers and agents- be seriously injured. In extreme cases, such injury could include permanent disability, paralysis, or even death ("risks"). Even understanding these risks I consent to the Minor's participation in the EVENT(S) and assert that the Minor is willing to participate in the EVENT(S).

I accept and assume all risks, and assume all responsibility for the losses, costs, and/or damages following an injury related to the EVENT(S), including disability, paralysis, or death, even if caused in whole or in part by the negligence of the following releasees: Pinnacle Explorations, its employees and volunteers, officers or agents. My acceptance of these risks includes releasing and agreeing not to sue the releasees. I also agree to indemnify and save and hold harmless the releasees and each of them from any and all litigation expenses, attorney fees, loss, liability, damage, or cost they may incur due to a claim made against any of the releasees or otherwise and whether the claim is made by me, and is made on behalf of the Minor, or is otherwise made.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date