ENROLLMENT FORMS REQUIRED FOR CHILDREN RETURNING TO ECDC
SUMMER PROGRAM – DUE MAY 15TH

**For ECDC filing purposes, please do not print 2-sided**

A child cannot begin the ECDC program unless all of the required forms have been completed and are on file in the ECDC office. Please mail or drop off your completed enrollment forms by May 15\textsuperscript{th} (May 1\textsuperscript{st} for Income Documentation) to:

ECDC
University of Notre Dame or Saint Mary’s College
10 Child Care Center Havican Hall
Notre Dame, IN 46556 Notre Dame, IN 46556

1) The following are required for ALL children:

_____ Income Documentation – (ECDC-ND only), due May 1\textsuperscript{st} – Attach a signed copy of the first two pages of your most recent Federal Income Tax Return, Form 1040, to the ECDC Income Documentation Form.

_____ Emergency Information & Medical Authorization Form

_____ General Information Form

_____ Emergency Health Information and Medical Plan Form – A physician’s signature is required in section 3 if your child has a medical condition or allergy requiring medications, restrictions, monitoring and/or food substitutions.

_____ SchoolMessenger Emergency Contact Information Form – Please complete and submit this form to ensure that you receive notifications of an emergency or closing as quickly as possible.

2) Please complete if applicable:

- **Under-Immunized Agreement** – Please complete if your child is under-immunized due to a medical or religious exemption. Obtain form from ECDC office.

- **Menu Approval & Food Transport Form** – Please contact the ECDC office to schedule an appointment to review menus, discuss any substitutions and sign necessary paperwork if your child has a food allergy.

- **Summer Gymnastics Permission Form** – Required for all children enrolled in the 2/3’s, 3’s, 3/4’s and 4/5’s. Form attached-due May 15.

- **Summer Swim Lessons Waiver** – Required for all children in the 4/5’s, 5/6’s, 6/7’s and 8/9/10’s who are enrolled during the mornings. Form attached-due May 15.
**INCOME DOCUMENTATION for ECDC-ND ONLY**

Summer Due Date:     May 1st  
School Year Due Date:  June 1st

The income based tuition fee schedule at the Early Childhood Development Center at Notre Dame (ECDC-ND) is based upon current combined family gross income. To be considered for the income based tuition fee schedule program, a copy of your most recent signed Federal Income Tax Return and this form must be completed and submitted to ECDC-ND by May 1 for the summer program and June 1 for the school year program.

If your most recent federal tax return does not reflect your current combined family income (larger or smaller), please provide an email or letter indicating the differences and 6 weeks of payroll summaries. If your family didn’t submit a federal tax return due to being a visiting professional, please provide your appointment letter that includes your salary.

The income based tuition fee schedule is available to ND and SMC staff, students, administration and faculty. It is not available to ND and SMC Alumni(ae) and/or Holy Cross Order employees. Those who elect not to provide income information/most recent tax return will be assessed the full tuition rate.

If your child is enrolled for both the summer and school year programs, only one submission of your Federal Income Tax Return with this form is required on or before May 1. Income based tuition eligibility is granted from the first day of the child’s enrollment in the summer program or the school year program, whichever occurs first, through the end of the school year. Verification of combined family gross income is required on an annual basis. If you have any questions, please contact Terri Kosik, Executive Director, at tkosik@saintmarys.edu or 631-3344. Please be assured that all income information will remain strictly confidential.

******************************************************************************

Early Childhood Development Center - University of Notre Dame

( ) I (we) am not eligible for the income based tuition fee schedule.

( ) I (we) am eligible but do not wish to apply for the income based tuition fee schedule.

( ) I (we) wish to apply for the income based tuition fee schedule for the Summer and/or the School Year Program(s) at ECDC-ND. (This does not apply to ECDC-SMC enrollment.) I (we) have attached a copy of my (our) most recent signed Federal Income Tax Return (first two pages) for review in determining program eligibility. (Please note – this is required for participation in the income based tuition schedule.)

( ) I (we) wish to apply for the income based tuition fee schedule for the Summer and/or the School Year Program(s) at ECDC-ND. I am submitting a letter of appointment because I do not file a U.S. Federal Tax Return.

Child’s (Children’s) Name(s): ____________________________________________

Parent Signature: _______________________________________________________

Date: ___________________________________________________________________

Please submit this form and the first two signed pages of your Federal Tax Return by May 1 for summer or June 1 for school year.

Terri Kosik, Executive Director
Early Childhood Development Center
University of Notre Dame, 10 Child Care Center, Notre Dame, IN  46556
Fax: 574-631-7808 / Phone: 574-631-3344 / tkosik@saintmarys.edu
Name of Child ___________________________________________ Gender ________ Birthdate ________________

Mother or guardian ___________________________________________ Home Phone ______________________

Home Address/City/State/Zip ________________________________

Business Name ______________________________________ Occupation __________________ Work Hours __________________

Business Address/City/State/Zip ___________________________________________

Work Phone ___________________ Cell Phone* ___________________ E-mail* ______________________

Father or guardian ___________________________________________ Home Phone____________________

Home Address/City/State/Zip ___________________________________________________________________________

Business Name ______________________________________ Occupation __________________ Work Hours __________________

Business Address/City/State/Zip ____________________________________________________________

Work Phone ___________________ Cell Phone* ___________________ E-mail* ______________________

*Please note: The majority of ECDC letters and notices to families will be sent via e-mail.
ECDC will notify families of emergency school closures through School Reach Emergency Notification System via email, text & a recorded call to your cell phone. Please keep this information current with the ECDC office.

Important: Please indicate how you would like us to contact you during the school day regarding information about your child (injury, illness, etc.):

1st __________________________ 2nd ______________________ 3rd _______________________________

If either parent is a faculty member or student, please list school, department, and phone number of a secretary who would be able to reach you in an emergency:

School __________________________ Department __________________________ Phone __________________

Please list the name of a friend or relative who may be reached in case of an emergency. This individual may be asked to pick your child up from ECDC in the event of an illness, injury or emergency. It is a State Requirement that a LOCAL emergency person is listed.

Name ___________________________________________ Relationship to child ______________________

Address/City/State/Zip ___________________________________________ Phone __________________

PERSONS AUTHORIZED TO PICK UP MY CHILD

Authorized individuals will be required to show picture identification when picking up a child from ECDC. Under no circumstances will a child be released to anyone not known to the center without authorization from parents or guardians.

1) Name ___________________________________________ Relationship to child ______________________

Address/City/State/Zip ___________________________________________ Phone __________________

2) Name ___________________________________________ Relationship to child ______________________

Address/City/State/Zip ___________________________________________ Phone __________________

If a parent is denied permission to pick-up a child or has restricted pick-up, please provide the parent's name and details - ___________________________________________________________________________ - and a copy of the court order.

Signature of Parent or Legal Guardian __________________________________ Date __________________
I agree, and by my signature give consent that in case of an accident, injury or illness of a serious nature, my child will be given emergency medical care. I understand that I will be contacted immediately, or as soon as possible, should I be away from the phone numbers given with this form.

Child's Name __________________________________________________________ Date of Birth_________________

Child’s Physician*_____________________________________________________ Phone _______________________
  Address/City/State/Zip____________________________________________________

Child’s Dentist*_____________________________________________________ Phone _______________________
  Address/City/State/Zip____________________________________________________

*If the name of a physician and/or dentist is not provided, the ECDC consulting physician and/or dentist (Dr. John Rice, M.D., Dr. Deanna O’Neil, D.D.S.) will be listed for you until you provide an alternate physician and/or dentist.

If, in an emergency, your child’s regular doctor cannot be reached, may we use John Rice, M.D., the consulting physician for the Early Childhood Development Center?   Yes_____ No _____ If you answered no, which other physician do you prefer we call?__________________________________________________________________
  Address ___________________________________________________________________ Phone _______________________

Do you have a preference regarding the hospital we would take your child to in case of a medical emergency?  Yes_____ No_______ If yes, please indicate your hospital of preference ________________________________________

Name of child’s private health insurance & policy number:___________________________________________________
or
  Medicaid or Hoosier Healthwise number for your child and primary adult________________________________________

Signature of Parent or Legal Guardian_________________________________________ Date___________________

REMINDER: Please update information contained on this form when changes occur.
The information on this form is strictly confidential and will be used by the teacher to help her/him better understand and work with your child. (key: SY=school year, SU=summer)

Child's Name __________________________ Date of Birth __________ Child's Present Age_____

What is the name you want on your child’s locker & cubbie? ____________________________

Family:

Father’s Name __________________________ Mother’s Name________________________

Please list all children in the family and their ages________________________________________

Name of person(s) who has legal custody of child__________________________________________

Name of person(s) child lives with_______________________________________________________

If your child lives across two households, would you like duplicate items posted on your locker? Yes___ No___

(SY only - Most communication will be via email, but picture order forms, fundraising materials, etc. will be posted on lockers)

Please list names of individuals (including emergency contacts) authorized by you or your family to have access to health information about this child ________________________________________

Please indicate your child’s ethnicity (this information is used for grant reporting purposes only):

- African American
- Native American/Alaska Native
- Asian
- Caucasian
- Pacific Islander/Native Hawaiian
- Latino
- Other ____________________________

Child’s primary language __________________________ Second language________________________

Does your child understand English?____________________________________________________

Development and Information

Diet - Please check all that apply:

- My child is a vegetarian
- I would like my child to be served a vegetarian entrée for lunch
- Due to religious beliefs, my child does not eat__________________________________________
- My child has dietary restrictions due to food allergies (a doctor’s signature is required on the medical plan form and please contact ECDC to arrange a time to review breakfast/lunch/snack menus)

My child receives/received special services (e.g., First Steps, Speech Therapy, OT, PT). Yes_____ No_____

If yes, please explain____________________________________________________________________

Pre-K only: Does your child nap?____ If yes, how long and often?___________________________ Does your child tire easily?_______, please explain__________________________________________________________
**Toileting** – *for preschool ages only unless there is information you would like to share:*

To what degree have bladder and bowel control been established? ____________________________________________________________

Can your child help her/himself at the toilet? ____________________________________________________________

Needs what kind of bathroom assistance? ____________________________________________________________

Additional comments regarding toileting ____________________________________________________________

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**Past Experiences -**

*SU School Agers:* What grade has your child finished? ______ Your child’s school: ____________________________________________

Has your child attended a recreational summer day camp program before? ____________________________________________

*Pre-K & Kindergarten:* What type of program(s) has your child attended in the past? ____________________________________________

Name of the program(s) ____________________________________________ Length of involvement ____________________________________________

Please describe your child’s overall reaction to group experiences ____________________________________________

Describe your child in one or two words ____________________________________________

Characteristic behavior in a new situation ____________________________________________

Your child’s favorite activities and interests ____________________________________________

Your child’s favorite books ____________________________________________

Your child’s favorite indoor games ____________________________________________

Your child’s favorite outdoor games ____________________________________________

Describe any fears your child has of which we should be aware? ____________________________________________

Parents’ methods of overcoming fears ____________________________________________

*SY only:* In what ways would you like your child’s ECDC experiences to contribute to his/her growth and development? ____________________________________________

Is there anything about your child that concerns you? ____________________________________________

Have there been any unusual occurrences concerning your child that you feel we should be aware? (e.g. premature birth, auto accident, severe illness, death in the family, etc.) ____________________________________________

Do you or your child have any special talents, interests, hobbies, or skills you could share with the children at ECDC? ____________________________________________

*SY only:* Would you be available to help with special field trips? (applies to children enrolled in the 4’s, 4/5’s & kindergarten groups) ____________________________________________

*SY kindergarten only:* What would be a convenient day of the week and/or time to visit the kindergarten class to share your talent, hobby, interest or career with the class? ____________________________________________

Please feel free to attach an additional page if more space is needed to share any information that will help us better understand and work closely with your child and your family.
ECDC CLASS DIRECTORY – An ECDC class directory will be emailed to parents at the beginning of each semester and will include parents’ names, home addresses, home phone numbers and email addresses. We hope this directory is helpful as you schedule play dates and carpools. The ECDC directory is compiled from the information you supplied on your registration form.

_____ I give permission for my information to be included in the ECDC class directory.

_____ Our address has changed since we registered - please use the address on our emergency information form and not the address on the registration form.

_____ We prefer our cell phone numbers are listed on the directory rather than our home phone number.

Signature of Parent/Guardian _________________________________ Date ____________________

ECDC PARENT HANDBOOK/TUITION - I have read the ECDC Parent Handbook (available on the ECDC website at http://www.nd.edu/~ecdnd/parentsinfo.html) and understand the policies and procedures outlined within. I agree to follow the ECDC tuition policy on page 32 of the Parent Handbook and understand that tuition must be paid in advance.

Signature of Parent/Guardian _________________________________ Date ____________________

DEVELOPMENTAL SCREENINGS (This applies to school year enrollment only) – ECDC uses the Ages & Stages Developmental Screening (ASQs) to monitor children’s development when questions occur regarding learning or development. ASQs are administered by someone familiar to your child such as their ECDC teacher, program director or family resource specialist. The ASQ results are shared with parents in a confidential manner. I grant permission for my child to receive the ASQ Developmental Screening and/or ASQ Social Emotional (ASQ-SE) Developmental Screenings.

Signature of Parent/Guardian _________________________________ Date ____________________

AUTHORIZATION TO SHARE HEALTH INFORMATION – Early Childhood Development Center recognizes that health and medical information about your child is confidential. All records in your child’s file (including health, development and contact information) are kept in a locked cabinet in the office and access to this cabinet is limited. All information pertaining to the admission, development, assessment, family and/or discharge of a child is confidential and will only be shared with teachers and staff on a “need to know” basis.

By signing below, I give full time staff and teachers permission to have access to __________________________’s health records.

Signature of Parent/Guardian _________________________________ Date ____________________

CHILD GUIDANCE/DISCIPLINE POLICY/COMMUNICATION - I have read and/or discussed the Adlerian philosophy of teacher-child interactions and discipline implemented by the Early Childhood Development Center’s teaching staff. I understand that choices and logical consequences are utilized rather than punishment. Children are provided with encouragement rather than praise. According to state regulations, I understand that any disciplinary action taken will be communicated to the parents and noted in my child’s record. I also understand that I will be notified of all significant occurrences or problems which affect my child. This includes, but is not limited to, notices regarding accidents, injuries, first aid, possible exposure to communicable diseases and prior notification regarding field trips.

Signature of Parent/Guardian _________________________________ Date ____________________
**PHOTOGRAPHY PERMISSION** – I grant permission for photographs of my child to be taken at ECDC and possibly used in the following ways:

_____ for ECDC classroom use by teachers (to document learning and activities)

_____ for SMC/ND student projects (names will not be used)

_____ for media/marketing purposes (names will not be used)

Signature of Parent/Guardian_________________________________________ Date ____________________

**SUNSCREEN PERMISSION (Parent Supplies)** – I give permission for teachers to apply sunscreen to my child to help prevent possible sunburn. I understand that I must provide the sunscreen, and due to accreditation standards, I will provide a sunscreen that is a minimum SPF 15 and has UVA/UVB protection. ECDC staff will apply/or facilitate application of sunscreen as needed before outside activities (primarily May through September).

Signature of Parent/Guardian_________________________________________ Date ____________________

**INSECT REPELLENT (ECDC Supplies)** – I give permission for teachers to apply a mild insect repellant to my child prior to outdoor activities (e.g., nature activities/walks at parks such as Potato Creek Park, St. Mary’s College-Nature Walks, Madeline Bertrand Park, Bendix Park, Clay Park, Sarrett Nature Center, etc.). The insect repellant will be supplied by ECDC and will be applied by ECDC staff. Due to accreditation standards, the repellant used will contain DEET and will be applied no more than once per day.

Signature of Parent/Guardian_________________________________________ Date ____________________
EMERGENCY HEALTH INFORMATION AND MEDICAL PLAN
All Families Need to Complete Annually

PART 1 - Parent or Guardian to Complete.

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
</table>

My child has a medical condition that may affect his or her school day  

☐ NO  ☐ YES  *(if YES, please complete Part 2, 3, 4)*

______________________________

Parent/Guardian’s Name (please print)

______________________________  ______________________

Parent/Guardian’s Signature  Date

PART 2 – Complete all boxes that apply to your child.

☐ ALLERGIES

Allergy type:

☐ Food  List food(s) ________________________________________________________________________

☐ Medication  List medicine(s) ________________________________________________________________________

☐ Bee sting ____________________________________________________________________________________

☐ Other (list) ____________________________________________________________________________________

Reactions:

☐ Coughing  ☐ Hives  ☐ Rash

☐ Difficulty breathing  ☐ Local Swelling  ☐ Wheezing

☐ Generalized swelling  ☐ Nausea  ☐ Other __________________________________________

Currently prescribed treatments to be used **IN SCHOOL**

☐ Oral antihistamine (Benadryl, etc.)  ☐ EpiPen  ☐ Other __________________________________________

☐ ASTHMA

Triggers:  ☐ Exercise  ☐ Environmental  ☐ Other (list) __________________________________________

Physical Restrictions:  ☐ None  ☐ Self-limits  ☐ Other __________________________________________

Symptoms or reactions:

☐ Chest tightness/discomfort/pain  ☐ Difficulty breathing  ☐ Throat itch/tightness/soreness

☐ Coughing  ☐ Hoarseness  ☐ Wheezing

☐ Other __________________________________________

Currently prescribed treatments to be used **IN SCHOOL**

☐ Inhalers  ☐ Oral antihistamines  ☐ Oral steroids

☐ Nebulizer  ☐ Oral bronchodilator  ☐ Peak flow monitoring

Date of last hospitalization related to asthma __________________________________________

☐ DIABETES

Currently prescribed treatments to be used **IN SCHOOL**

☐ Insulin  ☐ Syringe  ☐ Pen  ☐ Pump

☐ Blood sugar testing

☐ Glucagon

☐ Oral medication(s)  List medication(s) __________________________________________

☐ SEIZURE DISORDER

Type of seizure:

☐ Absence (staring/unresponsive)  ☐ Complex partial  ☐ Generalized tonic-clonic (grand mal/convulsive)

☐ Other (explain) __________________________________________
### SEIZURE DISORDER continued:

<table>
<thead>
<tr>
<th>Physical restrictions:</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
</table>

**Medications needed IN SCHOOL**

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
</table>

List medication(s) ______________________________________

**Date of last seizure** _______________________________

**Length of seizure** _______________________________

### OTHER HEALTH CONDITIONS

<table>
<thead>
<tr>
<th>Physical condition (be specific)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Physical restrictions:</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
</table>

**Medications needed IN SCHOOL**

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
</table>

List medication(s) ______________________________________

**Special procedures required IN SCHOOL**

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
</table>

(explain) ______________________________________

### VISION CONDITIONS

<table>
<thead>
<tr>
<th>Contacts</th>
<th>Glasses</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
</table>

### HEARING CONDITIONS

<table>
<thead>
<tr>
<th>Hearing aid(s)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
</table>

### PART 3 – PHYSICIAN’S SIGNATURE REQUIRED

- If parent or guardian indicates medical condition(s) requiring medications, restrictions, monitoring and/or food substitutions.

**Symptoms to watch for:**

When to use prescribed medication(s) (please list medication/dose/route):

When to call emergency health professional:

- This child has food allergies. Please allow parent/guardian to provide store bought substitutes as needed.

Other notes:

Physician’s signature ________________________________ Date _____________________

Completed form may be faxed to ECDC-ND at 574-631-7808 or ECDC-SMC at 574-284-5344

### PART 4 – EMERGENCY CONTACTS

1. Call 911.
2. Dr. __________________________ Phone Number: __________________________
3. Parent/Guardian________________________ Phone Number: __________________________
4. Parent/Guardian________________________ Phone Number: __________________________
5. Emergency Contacts:
   - Name/Relationship __________________________ Phone Number(s) __________________________
   - a. ________________________________
   - b. ________________________________

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

Parent/Guardian’s Signature ________________________________ Date _____________________
School Messenger Emergency Contact Information

This school year ECDC has signed on with SchoolMessenger, a California-based company that provides notification services for emergency broadcasts from schools. The system is programmed to call the primary phone number of parents as well as send emails and texts to notify parents of an emergency closing due to a facility emergency (e.g., broken boiler in the winter resulting in no heat in the building) or a weather emergency (e.g., snow storm that inhibits teachers/staff from driving to ECDC).

To make sure our information is accurate and that we have the best email addresses and phone numbers for your family, we are asking that you fill out the attached form. This will ensure that you receive notifications of any emergency closings as quickly as possible. On the form below, please include any phone numbers you would like us to contact in the event of an emergency closing, as well as email addresses.

If you are interested in receiving the text notifications, you will also need to "opt in" with SchoolMessenger. Once we have updated SchoolMessenger, you should receive a text from 68453 asking you to text yes to receive text messages from ECDC. This step is required to receive emergency notifications via text message and is only required once. If you have "opted in" previously, this step will not be necessary. If you do not receive an "opt in" text, you do not have to wait for it to arrive before opting in, simply send yes to 68453 and you will receive a text back letting you know you have opted in for text messages.

Please print an email address and at least one phone number for each parent on the form below. If you have any questions about this form, please contact Nora Tudor at ncawley@saintmarys.edu or (574)631-3344.

Child's Name: ________________________________________
Child's Classroom: □ 2's □ 3's □ 3/4's □ 4's □ 4/5's □ Kindergarten
ECDC Site: □ ECDC-ND □ ECDC-SMC

*Father's Name: ______________________________________________
*Father's Email: ______________________________________________
*Father's Primary Phone #: __________________________ □ Home # □ Cell #
Father's Secondary Phone #: __________________________ □ Home # □ Cell #

*Mother's Name: ______________________________________________
*Mother's Email: ______________________________________________
*Mother's Primary Phone #: __________________________ □ Home # □ Cell #
Mother's Secondary Phone #: __________________________ □ Home # □ Cell #

*required field
Please complete and submit to ECDC by May 15th if your child is enrolled in the 2/3's, 3's, 3/4's or 4/5's for the Summer Program.

ECDC GYMNASICS FUN

The Gymnastics Bus will be at ECDC for summer class sessions. These classes will feature gymnastics, motor development, coordination and language building skills along with other developmental aspects. Classes are provided by ECDC as a part of the summer curriculum. Mrs. Jennifer and staff are ready for another great summer of gymnastics here at ECDC!

- Registration forms are needed for each child (even if registered in the past).
- Classes are provided for students as a part of ECDC’s summer curriculum.
- **No additional fees to parents for summer gymnastics.**
- Class sessions are held for thirty minutes each.
- Class sessions will be split up by age groups and are taught age appropriate skills.
- Return your Registration Form to ECDC by May 15.

Call Jennifer Leininger if you have any questions @ (574)340-9454.

Registration Form- ECDC Gymnastic Fun
(Please fill out form completely)

Child’s Name__________________Address________________________________
City_________________Zip Code______ Check one: ND____SMC____

Health Insurance Carrier and Policy #__________________________________

The basic goal of the “Gymnasts in Motion” bus is to introduce your child to the beginning basics of gymnastics. We hope that through the experience in the “Gymnasts in Motion” program your child will learn to appreciate and have fun at exercising and gain valuable beginning skills in gymnastics. We are by no means trying to make your child an Olympic gymnast through “Gymnasts in Motion”; however, we do hope to give your child a good basic background in gymnastics. Although gymnastics is a beautiful and dynamic activity for boys and girls, it also possesses the potential for serious injury to the participant. At the preschool level this potential is greatly reduced, but it is still there. Participants shall indemnify and hold harmless “Gymnasts in Motion” from any and all claims, demands, actions and causes of action whether groundless or not, in connection with any and all injuries, losses, damages or liability of any kind whatsoever arising, directly or indirectly, from participation in “Gymnasts in Motion” activities. The “Gymnasts in Motion” bus is designed with safety in mind. We take care to warn your child of the dangers of doing gymnastics unsupervised and trying skills they are unprepared for.

I (we) the undersigned do hereby consent to (our) child ______________________ participating in the "Gymnasts in Motion" bus at ______________________ Educational Child Development Center.

I (we) acknowledge that I (we) have been informed of the risks of gymnastics.

______________________________    ____________________
Parent or Guardian Signature     Date
Please complete and submit to ECDC by May 15th if your child is enrolled in the 4/5’s, 5/6’s, 6/7’s or 8/9/10’s for the Summer Program.

UNIVERSITY OF NOTRE DAME
WAIVER, RELEASE & INDEMNIFICATION AGREEMENT
SWIM LESSONS - MINOR
TERM: 8/16-8/17

I, ______________________________, am the parent or guardian of a minor child, ______________________________, who will be participating in a water safety program (the “Program”) at the University of Notre Dame du Lac, Notre Dame, Indiana (the “University”) during the 2016/2017 academic period. I am fully aware that my child’s participation in this Program is totally voluntary.

In consideration of the University’s agreement to permit my minor child to participate in the aforementioned Program, the receipt and sufficiency of which consideration is hereby acknowledged, I agree as follows:

1) I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, hereby release, acquit and forever discharge the University and its employees, students, agents, servants, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever, including liability for the University’s own negligence, for any and all damages, losses or injuries (including death, mental anguish or emotional distress) to me or my minor child and/or property, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses (including hospital and medical expenses) and attorneys fees, which arise out of, occur during, or result from my child’s participation in the Program, including travel to and from the University and including without limitation any loss, claim, demand or suit that my child might assert once he/she attains the age of majority.

2) I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University, and its employees, students, agents, servants, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss or damage they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, judgments, costs or expenses, including attorneys fees, which result from, arise out of, or relate to my child’s participation in the aforementioned Program or arise out of his or her travel to or from the University.

3) I agree that this Waiver, Release and Indemnification Agreement is governed by the laws of the State of Indiana and is intended to be as broad and inclusive as permitted by the laws of the State of Indiana. If any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force and effect. In the event of any cause of action related to the Program, I agree that jurisdiction lies with the St. Joseph County Superior Court or the U. S. District Court of Northern District of Indiana.

4) I hereby acknowledge and accept that there are certain risks, known and unknown, including bodily injury, drowning and death, that could result from my child’s participation in the aforementioned Program at the University, which Program will include swimming and related activities. I, individually, and on behalf of my minor child, have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of the University’s permission to allow us to participate in the aforementioned Program. I, individually, and on behalf of my minor child, hereby release and discharge the University from any and all negligence, including the University’s own negligence, in connection with our attendance at or participation in the Program, including travel to and from the University, except for any gross negligence or willful and wanton misconduct on the part of the University.

5) I hereby consent to any publicity, including the use of our names and likeness, and waive any right to inspect and/or approve any photography, film videotape, recordings or advertising copy which may be used in connection with our participation in the Program.

6) In signing this Waiver, Release and Indemnification Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights and those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

________________________________________  ____________________________________________
Signature                                Name (Printed)                           Date