



Registration for The Creative Kids Club 2025

Child's Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Child's Ethnicity (Optional): _____

School: _____ Grade (in fall): _____

Parent/Guardian: _____

Address: _____

City: _____ Zip: _____

Home Phone #: _____

Mobile Phone #: _____

Email Address: _____

Emergency Contact Name: _____

Relationship to Child: _____

Emergency Contact Phone Number: _____

Persons authorized to pick up my child from club:

Creative Kids Club \$35 (Members)

Creative Kids Club \$45 (Non-members)

Date(s):

May 17 Sep 20

Jun 21 Oct 18

Jul 19 Nov 15

Aug 16 Dec 20

Make check payable to:

Autism United of Wisconsin

If you are using CLTS Waiver, please provide your Coordinator's information:

Name: _____

Phone: _____

Email: _____

Mail this form to: Autism United of Wisconsin
Attn: Creative Kids Club
3720 N. 124th Street, Suite O
Wauwatosa, WI 53222

Questions?

Autism United of Wisconsin 414.988.1260 - info@autism-united.org

Medical History

Health Insurance Policy Holder's Name: _____

Health Insurance Company: _____ Policy #: _____ Group #: _____

Does your child suffer from a medical, physical, emotional or behavioral issue which might affect his or her safety while at club? Yes No

If yes, please describe: _____

Does your child take medication daily? Yes No

If yes, will your child be bringing any prescription or non-prescription medication to club? Yes No

If yes, please list medication(s) and dosage instructions: _____

Is your child allergic to any food or insect stings? Yes No

If yes, please specify allergy: _____

Doctor's Name: _____ Doctor's Phone Number: _____

I certify that the information provided above is accurate to the best of my ability.

Parent or Guardian Signature: _____



Release Waiver | Accident Release | Financial Responsibility Waiver

By registering for **the Creative Kids Club** I declare that my child is in the necessary physical condition and has no disease or injury that would be aggravated by participation in activities related to **the Creative Kids Club**. I understand the activities provided by **Creative Kids Club** as well as understand the inherent dangers and the possibility of not reasonably foreseeable risks involved with my child's participation in these programs including the risk of personal and bodily injury and damage to my child and my property while participating in these programs. I further understand and acknowledge that participants in such programs are not covered under insurance of **Creative Kids Club** or **Autism United of Wisconsin**. I hereby give my consent and authorize and grant permission to the representative(s) of **Creative Kids Club** to administer first aid and/or to obtain emergency medical care or treatment from any licensed physician or hospital. I freely and voluntarily execute this release and with such knowledge, assume the risk of personal injury and/or property loss arising from or in any connection with my child's participation in **Creative Kids Club**.

Parent or Guardian Please Initial: _____ **Date:** _____

I hereby release and forever discharge **Creative Kids Club** and **Autism United of Wisconsin**, including their employees and volunteers and any and all agents of **Creative Kids Club** from any and all liability, claim, cause of action, demand or damages from injury, damage or loss of any kind to my child and my property as a result of my child's participation in **Creative Kids Club**. I further waive, release, absolve and agree to indemnify and hold harmless **Creative Kids Club** and the **Autism United of Wisconsin**, their employees and volunteers as a result of my child's participation in **Creative Kids Club** and hold harmless the named entities for any harm and liability when someone I have authorized in writing transports my child to/from the club. I understand that if my child becomes a disruptive force during the educational program that the instructor may choose to release him/her from the program. In-person club has limited capacity and admittance will be on a first-come first served basis.

Parent or Guardian Please Initial: _____ **Date:** _____

Please identify any behavior issues or special education needs. We reserve the right to decide if such behavioral issues are appropriate for **Creative Kids Club**. I have been given the opportunity to ask any questions by calling **Creative Kids Club** or the **Autism United of Wisconsin** at 414.988.1260, or by emailing info@autism-united.org.

Parent or Guardian Please Initial: _____ **Date:** _____

I understand that it is my responsibility to contact the club administrator and provide a food allergy action plan if one is necessary for my child.

Parent or Guardian Please Initial: _____ **Date:** _____

I give permission to **Creative Kids Club** and **Autism United of Wisconsin** or their employees, volunteers or representatives to take and use my child(ren)'s picture and/or quotes for any purposes whatsoever including advertisement and publicity through any media including radio and television. I further agree that all property rights in and to any advertising or publicity materials, films, or recordings containing my pictures or quotes or my child(ren)'s are the sole and exclusive property of **Creative Kids Club** and **Autism United of Wisconsin**.

Parent or Guardian Please Initial: _____ **Date:** _____

Parent or Guardian Signature: _____ **Date:** _____

