



## CHECK-IN FORM

Please complete the following form in regards to your child participating in the Kangaroo Club programme.

Guest Name: \_\_\_\_\_ Room Number: \_\_\_\_\_  
Email address: \_\_\_\_\_ Name of Child: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Child Identification Number: \_\_\_\_\_  
Booking source: \_\_\_\_\_ Check-In time: \_\_\_\_\_  
Date/s participating in the Kangaroo Club programme: \_\_\_\_\_

I, \_\_\_\_\_ (Parent/ Legal Guardian's Name), hereby consent to my child participating in the Kangaroo Club programme run by employees of the Kangaroo Club at the Penina Hotel and Golf Resort's premises.

### Information about my Child

My child has the following intolerances, allergies and/or requirements (including but not limited to those related to diet):

\_\_\_\_\_  
\_\_\_\_\_

I do/do not permit my child to take part in water or swimming activities while participating in the Kangaroo Club programme (please circle appropriate choice).

My child's swimming ability is poor/fair/good, details as follows: \_\_\_\_\_

\_\_\_\_\_

Please indicate by ticking the appropriate box below, whether or not your child is permitted to leave the Kangaroo Club unaccompanied. Please note that the Kangaroo Club cannot be held responsible for the safety of any child who is allowed by their parents/legal guardians to leave unaccompanied. Yes  No

Details: \_\_\_\_\_

\_\_\_\_\_

### Removal of Children from The Kangaroo Club programme

The following persons are authorised by me as the parent/ legal guardian to remove my child from the Kangaroo Club programme: \_\_\_\_\_

\_\_\_\_\_

I acknowledge that I have been given written confirmation of my child's Kangaroo Club programme child identification number, and the above authorized persons will not be permitted to remove my child from the Kangaroo Club programme without presenting such written confirmation.

### Medical Information

I hereby declare that my child is currently receiving the following medication and/or has the following medical conditions or disabilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I commit to the statement that any medical conditions, allergies or disabilities that my child has would not make it unsuitable or risky for my child to participate in the Kangaroo Club programme.

I acknowledge that I have been informed that Kangaroo Club Personnel will not administer medication to my child while in the Kangaroo Club programme, and that if my child requires medication, I will return and administer the medication myself; except in an emergency when first aiders and emergency services may be called as appropriate.

### Photography at The Kangaroo Club

I accept for my child to be photographed by the Kangaroo Club photographers: Please tick appropriate box

Yes  No

### Contact details of Parents/ Legal Guardians

I will be at the following location(s) whilst my child is participating in the Kangaroo Club programme:

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I am able to be contacted at the following numbers (please include a mobile number):

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### Emergency Statement

In the event I cannot be reached in case of an emergency, I hereby authorise the Kangaroo Club Personnel, the Hotel, its agents, employees, or their designated medical professionals to make emergency medical decisions for my child and/or to administer emergency medical assistance to my child. I accept responsibility for payment of expenses incurred as a result of any medical treatment provided to my child.

I agree that my child's participation in the Kangaroo Club programme is at my own risk. In consideration for my child being allowed to participate in the Kangaroo Club programme, I agree to **INDEMNIFY AND RELEASE** the Hotel, the Hotel's owner, the Hotel's operator and their respective affiliates, and their respective directors, employees, agents and representatives of each of the foregoing, from and against any and all liability, claims, demands, actions, loss and damage, including but not limited to liability stemming from any damage to or loss of personal property, or any injury sustained by, me or my child arising out of, or in any way connected with my child's participation in the Kangaroo Club programme, including any damages arising from the provision of emergency medical treatment.

The Kangaroo Club facility holds the right to refuse admittance to any child that has been disorderly.

**By signing below, I acknowledge that I have read this form in its entirety, understand it, and consent to its terms and conditions.**

Parent/ Legal Guardian Guest Signature:

Date:

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