



Registration Form

4753 Spotswood Trail
Penn Laird, VA 22846
540.433.5437

CLASS _____ Day/Time _____ Dates _____

STUDENT INFORMATION

FIRST NAME		BIRTHDATE	AGE	GENDER
LAST NAME				
ANY RESTRICTIONS OR SPECIAL NEEDS				

	PARENT/GUARDIAN INFORMATION	PARENT/GUARDIAN INFORMATION
FIRST NAME		
LAST NAME		
ADDRESS		
CITY AND ZIP		
HOME PHONE		
WORK PHONE		
CELL PHONE		
STUDENT LIVES WITH (CHECK ALL THAT APPLY)		
EMAIL ADDRESS		

In the case of a medical emergency or other situation requiring immediate action the parents/guardians are contacted first. If they are not available, please contact:

NAME		PHONE #
RELATIONSHIP		
NAME		PHONE #
RELATIONSHIP		

In an emergency, the above persons have permission to authorize for emergency medical treatment. If they cannot be reached, I give permission for the staff of Kinetic Kids to authorize emergency medical treatment.

Parent/Guardian Signature _____

HEALTH NOTIFICATION

I understand that my child must be healthy and reasonably fit, in order to participate safely in program activities, and I will inform program staff of any ailment, condition, or injury that may affect his/her ability to participate safely.

Parent's Signature

Date

PUBLICITY/IMAGE/VOICE PERMISSION

During activities, a photograph may be taken of children participating in the activities, for program promotional purposes. The names of children participating in activities, will NOT be released in any promotional materials. Your signature signifies your agreement to the use of these pictures for promotional purposes only.

Parent's Signature

Date

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

(please read carefully)

I give permission for _____ to participate in classes at Kinetic Kids. I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities include, but are not limited to, gymnastics, tumbling, trampoline, dance, karate and fitness classes. I understand that activities may involve certain risks of physical activity and possible injury and that staff and volunteers will provide each child with reasonable care, but that Kinetic Kids cannot guarantee that my child will remain free of injury. I nevertheless wish to have my child participate and I ASSUME the RISK of his/her participation. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS Kinetic Kids, and its staff or volunteers from any and all claims and/or cause of action arising out of and related to my child's participation in this program/class.

Parent's Signature

Date

PROMISE OF SAFE PARTICIPATION

TO BE READ AND SIGNED BY PARTICIPANT (or Parent/Guardian if student too young to understand)

It is important to follow the directions of the program/event leaders at all times. I understand that as a participant I have the responsibility to help make the activity a safe experience for everyone through my behaviour and conduct. I also understand the danger of not following rules and directions and agree to follow them.

Participant/Parent's Signature

Date