



Phone # 770-306-0389

Program site _____

APPLICATION (Complete One Per Child)

Child's Name _____ Age _____ Date of Birth _____ Sex _____

Home Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Mother _____ Work # _____ Cell _____ Employer _____

Father _____ Work # _____ Cell _____ Employer _____

Email Address: Mother _____ Father _____

Emergency Contact: Name _____ Phone _____

PARENT APPROVAL

I/We, the parent(s)/legal guardian(s) of _____, hereby give my/our permission and assume all risks and hazards incidental in activities with KiDsGyM USA. I so further hereby release, absolve, indemnify, and hold harmless KiDsGyM USA, the instructor, the supervisor, any or all of them.

EMERGENCY AUTHORIZATION

In all activities there exists the potential for injury, minimal to catastrophic. Therefore, I/We authorize KiDsGyM USA staff to take whatever emergency medical measures deemed necessary for the treatment and protection of my/our child while in their care, including calling EMS for transportation to a hospital or clinic.

VIDEO AND PHOTOGRAPHY RELEASE

I/We understand that my/our child's photograph/video may be taken during the course of there participation in the KiDsGyM USA program. I/We hereby grant _____ / do not grant _____ my/our permission for the resulting video and/or photograph to be used for any publicity and printing purposes.

PLEASE, DESCRIBE ANY MEDICAL, LEARNING, OR OTHER CHALLENGES OF WHICH WE SHOULD BE AWARE. _____

Date

Parent/Guardian's Signature

Parent/Guardian's Signature