

Registration Form

Child's Name(s): _____

Age: ____ Class: _____ TS Size: ____ TS Color: _____ Date of Birth: ____ / ____ / ____

Address: _____

Parent's/Guardian's Names: _____

Cell Phone: (____) _____ Other Phone: (____) _____

E-Mail Address: _____

Any known medical conditions/restrictions: _____

I/We give permission for my child to participate in KID SURGE enrichment program.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Amount \$ _____ accepting Cash, Credit Card 3.5% fee or Check Payable to **KID SURGE**.

Payment also at www.kidsurge.net via PayPal - Processing fee included.

NO Make-ups For Missed Classes

Media and Release:

I, Parent/Guardian of _____, give consent to KID SURGE to use my child's photograph and video in promotion of their programming, its staff or assignees, including television and electronic media. Furthermore, I hereby consent that such photographs and video are the property of KID SURGE, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs and video, as they may desire free and clear of any claim whatsoever on my part. No names will appear in any of the photos, video, or advertisements.

If you DO NOT wish to have your child photographed or videotaped, please indicate below.

Do not give permission to use a photo or video of my child in any marketing materials.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Waiver and Release:

I/We verify that my child is healthy and physically fit to train for good and valuable consideration, receipt of which is acknowledged. I/We understand that my child must wear sneakers or close-toe shoes and athletic attire during the program. I/We the undersigned, for ourselves, waive, release and forever discharge KID SURGE, from any and all rights and claims for damages, resulting from injury or property loss/damage which may be sustained or occur during participation in physical activities whether said damages, injury or loss are due to negligence. I/We, being the legal guardians of the applicant, authorize KID SURGE permission to request medical treatment as necessary to insure the well-being of our dependent and agree not to hold any person, of KID SURGE liable for those treatments.

I/We give permission for my child to participate in this program.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____