



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 for our child
(child's name)

to participate in the KiDsGyM USA programs and all associated activities. I/We have reviewed, considered and understand the terms and conditions of this Release and are authorized to enter into this Release directly and on behalf of my/our child. I/We acknowledge that there are risks associated with the participation in such programs and activities and hereby assume directly and on behalf of my/our child, all such risks and hazards associated with the KiDsGyM USA programs and related activities.

EMERGENCY AUTHORIZATION

In the event of injury to the person of my child, I/We authorize KiDsGyM USA and its instructors, supervisors, employees, agents and volunteers to take whatever measures as are deemed necessary for the treatment and protection of my/our child while in their care, including, without limitation, contacting EMS and other health care providers and authorizing transportation to, admission in and treatment by a health care provider.

VIDEO AND PHOTOGRAPHY RELEASE

I/We understand that my/our child's photograph/video may be taken during the course of their 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 training and printing purposes.

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

Date

Parent/Guardian's Signature