



## Kids' Event Registration Form

### CHILD/PARENT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Age/Grade: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_

City/ZIP: \_\_\_\_\_ Street: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Known Allergies/ Medications: \_\_\_\_\_

Are you signing up more than one child? If so write their name(s) below:

\_\_\_\_\_

Who will be dropping off your child(ren)? \_\_\_\_\_

Who will be picking your child(ren) up? \_\_\_\_\_

Which Kids Outing Date will you be attending: \_\_\_\_\_

**\*IDs will be checked when picking up your child(ren). The name on the ID must match the name on this form. The photo on the form of identification must match the person handing the AE employee that ID.\***

### Photo Release:

I give Athletic Edge permission to publish in print, electronic, or video format the likeness or image of my child for media purposes. I release all claims against Athletic Edge with respect to copyright ownership and publication including any claim for compensation related to the use of materials.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby voluntarily permit me or my child to participate. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. \_\_\_\_\_ (Initial Here) As consideration for being permitted to participate in these activities, I hereby release and hold harmless Athletic Edge, staff, volunteers, designated coaches, and program officials from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to me or my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with me or my child's participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold Athletic Edge (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity. In case of a medical emergency, I hereby give permission to Athletic Edge Staff, Trainers and Volunteers to order treatment for me or my child, including any necessary medical treatment and x-rays. I also hereby give permission to Athletic Edge Staff and Volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment. Athletic Edge also does not provide any medical or other insurance protection or benefits for those who participate in any Athletic Edge sports leagues. I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND ATHLETIC EDGE SPORTS AND FITNESS AND SIGN IT OF MY OWN FREE WILL.

**Parent or Guardian signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Staff Use Only:**

**Date Received** \_\_\_\_\_

**Total Amount Paid** \_\_\_\_\_ **Cash** \_\_\_\_ **Check #** \_\_\_\_ **Credit** \_\_\_\_

**Employee Initials** \_\_\_\_\_