

# JUST FOR KICKS REGISTRATION FORM

DATE(s) & LOCATION OF CAMP: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT(s) OR LEGAL GUARDIAN(s)

\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT & NUMBER: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

ALLERGIC TO BEE STING: YES NO ASTHMA: YES NO

ANY ADDITIONAL MEDICAL INFORMATION: \_\_\_\_\_

TYPE OF DISABILITY: \_\_\_\_\_

PHYSICAL LIMITATIONS: \_\_\_\_\_

COGNITIVE ISSUES: \_\_\_\_\_

BEHAVIORAL CONCERNS: \_\_\_\_\_

ADDITIONAL INFORMATION FOR STAFF: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE PROGRAM: \_\_\_\_\_

WOULD YOU LIKE TO BE ON OUR MAILING LIST: YES NO

RECEIVE PROGRAM INFORMATION VIA: E-MAIL or POSTAL MAIL

**\*\*DISCLAIMER:** Just for Kicks, Inc. and its personnel are not responsible or liable for any injuries that take place during the camp. We reserve the right to use photography during the camp for promotional use.

Parents or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_