



Kids in Sports – DC Metro
11810 Parklawn Drive Suite: 260
Rockville, MD 20852
301-230-0996
www.kistmetro.com

Day _____ Class Code _____

REGISTRATION & MEDICAL RELEASE FORM

Contact Information:

Primary Parent's Name: _____
Primary Address: _____ City: _____ State: _____ Zip: _____
Billing Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Primary Email: _____
Payment Method (List type of card or check #): _____
Name on Card: _____ Expiration Date: _____
Card #: _____ Security Code: _____

Child/Emergency Contact Information:

Child's Name: _____ Child's Date of Birth: _____
Child's School: _____ School Grade/Class: _____
Gender: _____ Special Needs (food allergies, asthma, medication, etc.): _____

Mother's Full Name: _____ Mother's Cell Phone: _____
Father's Full Name: _____ Father's Cell Phone: _____
Additional Caregiver: _____ Secondary email address: _____

Class Information:

Class Code/Season you are registering for: _____ Cost of Class: _____
How were you referred to our program? _____
Child's t-shirt size *approximately* (please circle one) Youth: XS; S; M; L; XL

I DO/ DO NOT (please circle) give permission to **Kids In Sports, LLC** to use photos of my child on their web site and in their brochures.

I, the parent or guardian of the above named child, hereby consents to his/her participation in the **Kids In Sports, LLC** programs. I certify that he/she is in good health and able to participate in all activities. In case of an emergency affecting my child, I hereby give permission for a physician or hospital designated by **Kids In Sports, LLC** to administer treatment to my child, **I AM/AM NOT** enclosing a note explaining any physical limitations and required medications.

In consideration of **Kids In Sports, LLC** accepting this registration and permitting the participation of the child in such activities which I believe to be educational, physical and or otherwise, I hereby release, discharge, indemnify and hold harmless **Kids In Sports, LLC** its officials, coaches, representatives employees, agents and consultants from any and all claims, actions, and liabilities arising out of or in connection with the child's participation in any aspect of the activities which the child may participate in, provided, however, this does not include gross negligence.

Parent/Guardian Print Parent/Guardian Signature Date

***YOU MUST HAVE SIGNED, DATED AND COMPLETED THE WHOLE REGISTRATION FORM.
PLEASE MAIL WITH A CHECK MADE OUT TO KIDS IN SPORTS TO THE ABOVE ADDRESS
BEFORE THE 1ST CLASS FOR PROPER REGISTRATION. (Please keep the class schedule)
ENJOY THE CLASS!***