

# Gateway Kids World Registration and Liability Release

## Parents' Information

Please Print

Mother \_\_\_\_\_ Home \_\_\_\_\_ Cell/Work \_\_\_\_\_

Father \_\_\_\_\_ Home \_\_\_\_\_ Cell/Work \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ How did you hear about us?

Please check one.  Employee  Driving By  Yellow pages  Word of Mouth

Money Mailer  Chamber of Commerce  Attended Party  Other \_\_\_\_\_

## Students' Information

Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

I hereby declare any physical problems or restrictions: I am also listing any special conditions of any kind as well as any medications my child may need during physical activity. I am including medical conditions and/or allergies. \_\_\_\_\_

## Trial Class Information

Class \_\_\_\_\_ Age \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Trial Date \_\_\_\_\_

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Class \_\_\_\_\_ Age \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Trial Date \_\_\_\_\_

## Class Enrollment Information

Class \_\_\_\_\_ Age \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Start Date \_\_\_\_\_

Class \_\_\_\_\_ Age \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Start Date \_\_\_\_\_

Class \_\_\_\_\_ Age \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Start Date \_\_\_\_\_

## Pick up Release

Please list anyone authorized to pick up your child. (ID will be required)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_