

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 _____

Class _____ Age _____ Day _____ Time _____ Trial Date _____

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 _____