



Enrollment Application

Please fill in application completely and legibly.

Child's Name: _____
(Last Name) (First Name) (Middle Name)

Child's Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Date of Birth: _____ Sex: M F

Date of Enrollment: _____

Parent's Information

Enrolling Parent/Guardian: _____
(Last Name) (First Name) (M.I.)

Relationship to Child: _____ Home Phone: _____

Enrolling Parent/Guardian Social Security Number: _____

Address: _____ City/State: _____

Employer: _____ Work Phone: _____ Ext. _____

Work Address: _____ Cell Phone: _____

Second Parent/Guardian: _____
(Last Name) (First Name) (M.I.)

Relationship to Child: _____ Home Phone: _____

Address: _____ City/State: _____

Employer: _____ Work Phone: _____ Ext. _____

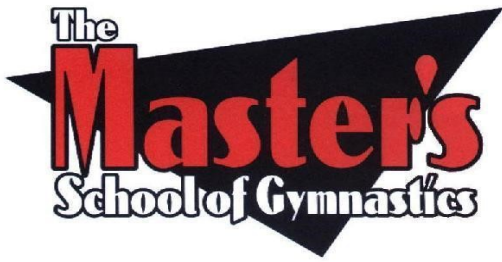
Work Address: _____ Cell Phone: _____

Primary Residence: With Mother With Father With Both With Guardian: _____

Parent's Marital Status: Married Single Divorced

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? _____
(If yes, include in release section on the next page. If no, documentation from the court may be required)



Enrollment Application Continued

The child will be released only to the people on this application and the following persons:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

To add to this list at a later date, please ask to fill out the "Additional Release Form" from a staff member.

Remember parents, no one will have access to your child unless they are listed above.

We will not allow you to add anyone to this release form over the phone. It may only be done in person witnessed by a KICKS staff member. NO EXCEPTIONS!!! Please do not lose patience with this policy. It is done for your child's utmost safety.

Child's Physician: _____ Address: _____ Phone: _____

Any allergies or special needs: _____

Hospital Preference: _____ City/State _____

Emergency contact other than parents:

Name: _____ Address _____ Phone _____

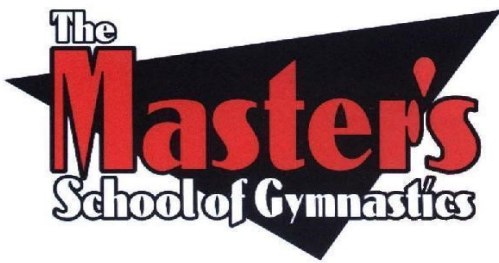
Name: _____ Address _____ Phone _____

ACCEPTANCE OF RISK & AGREEMENT OF WAIVER

We, the staff of KICKS & Kingdom Sports, Inc. recognize our obligation to make our students & their parents aware of the risks & hazards associated with the sport of gymnastics, trampoline, tumbling, cheerleading, dance, & other sports taught on or off property. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. The sports mentioned above, & any other sport, can be dangerous and may lead to injury.

Parents should make their children aware of the possibility of injury & encourage their children to follow all the safety rules and the coach's instructions. KICKS & Kingdom Sports, Inc., its coaches & other staff members, will not accept responsibility for injuries sustained by any student during the course of the daily activities on or off property in which he or she may participate while to or from an event. With the above in mind, & being fully aware of the risks & possibility of injury involved, I consent to have my child or children participate in the programs offered by KICKS & Kingdom Sports, Inc. I, my executors, or other representatives, waive & release all rights & claims for damages that I or my child may have against KICKS & Kingdom Sports, Inc. and/or its representatives whether paid or volunteer. I also affirm that I now have & will continue to provide proper hospitalization, health, & accident insurance coverage which I consider adequate for both my child's protection & my own protection. I also understand that it is the parents responsibility to warn the child about the dangers of the activities they will participate in at KICKS. The parent should warn the child accordingly to what the parent feels is appropriate. KICKS & Kingdom Sports, Inc. will only warn the child through "Safety Messages" & our teaching style & progressions.

Parent/Guardian Signature _____ Date: _____



Enrollment Application Continued

Parent Agreement

KICKs will be open in the summer from 7 AM to 6 PM for children in the grades of Kindergarten thru 6th grade. During the school year, KICKs is open from dismissal of school until 6 PM (KICKs will run all-day for scheduled and unscheduled breaks in the school year, such as snow days, in-service days, etc.)

_____ A late fee of \$5 per minute will be charged starting at 6:01 PM for late pick-ups. If you are 30 minutes or more late without making arrangements, we will notify the police. This fee is due the next day when you drop off your child.

_____ I agree to pay the first week's tuition in advance & to pay my weekly tuition each Monday thereafter.

_____ I acknowledge that paying my weekly tuition late may result in me having to pay the entire month's tuition on the 1st of the month.

_____ I agree that I am enrolling for after school care for _____ days per week at a cost of \$ _____ per day / week.

_____ I am aware that I must pay the above amount every week of the fiscal school year for the Sumner County school district. I can occasional add additional, after school days for \$18 a day.

_____ To reduce the number of days your child(ren) are enrolled, you must fill out a change request form and turn in to the front office with at least a 30 day notice.

_____ All prices are subject to change with no less than 30 days notice.

_____ I am aware that a \$ 15 late fee will be charged for payments received after Wednesday each week.

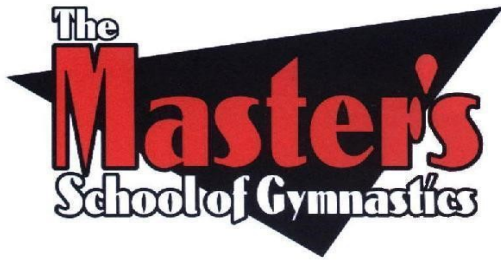
_____ The maximum fee allowed by state law will be charged for all returned items/checks.

_____ In the event that you wish to cancel your enrollment in our program, you will be required to submit a withdrawal notice to the front office **30 days** before the cessation of care and you will be financially responsible for those 30 days, even if you will not be attending.

_____ I agree to pay a registration fee of \$50 at the time of enrollment to be renewed each **August**.

_____ During the school calendar year, when KICKs runs all day (due to snow days, breaks, etc.), a fee of \$13 per day will be added to the weekly tuition to cover the extended hours of operation.

Signature of Parent/Guardian: _____ Date: _____



Parent Authorization

Authorization for Emergency Medical and First Aid

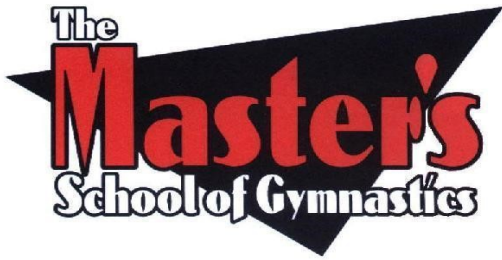
I hereby authorize the Staff and Director, representing KICKs program, to give consent for any and all necessary emergency medical and First Aid care for my child: _____, while my child is in KICKs' custody.

SIGNATURE OF PARENT/GUARDIAN: _____

KICKs Program Release Form

- ◆ KICKs, and all other subsidiaries of Kingdom Sports, Inc. may use photographs, video, and other media forms of your child in print, TV, radio, or our business web sites for publicity purposes.
- ◆ I give my permission for my child, _____, to be transported by the KICKs Program.
- ◆ My child, _____, has permission to ride the KICKs After-School Program van or bus to and/or from _____ Elementary/Middle School

Signature of Parent/Guardian: _____ DATE _____



Dear Parent:

In order to make your child feel as comfortable as possible and for us to get to know him/her better, please fill out the information listed below and return to the office.

What Makes My Child Special

Child's Name: _____ Name my child goes by: _____

Previously, my child was cared for: In a Home Day Care Setting At Another Center
 At Home with Me By a Relative/Friend

There were _____ other children around my child most of the day.

In new situations, my child tends to: _____

Any allergies/special needs: _____

My child has special dietary needs, like: _____

My child is allergic to certain foods, like: _____

Special hints/concerns regarding mealtime: _____

Favorite games: _____

Favorite song/books: _____

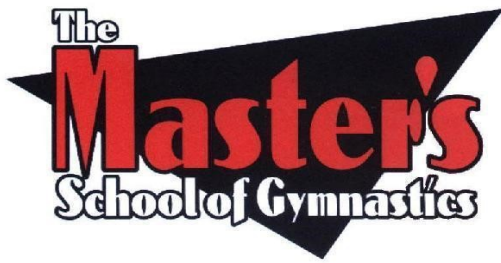
Likes to do the following activities: _____

Does your child have any other friends enrolled in KICKs? (circle one) YES NO

If yes, who are they? _____

I would describe my child's temperament as (shy, outgoing, a leader, strong willed, etc.)

Any other information that would help us best meet you and your child's needs? _____



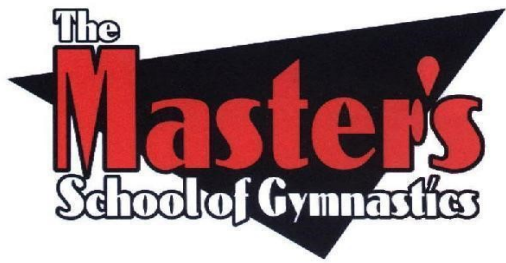
Child's Health History Checklist

Child's Name: _____ Date: _____

Name of Parent/Guardian filling out this checklist: _____

- YES NO 1. Is your child taking any prescription medicines? If so, what? _____
- YES NO 2. Any allergies or reactions to any medicines or insects? If so, what? _____
- YES NO 3. Has your child had asthma or wheezing?
- YES NO 4. Does your child have speech or hearing problems?
- YES NO 5. Has your child had more than two ear infections in a year?
- YES NO 6. Has your child had tonsillitis?
- YES NO 7. Does your child have trouble with his/her eyes or seeing?
- YES NO 8. Has your child had a bladder or kidney infection?
- YES NO 9. Does your child have seizures, fits, or shaking spells?
- YES NO 10. Have you ever been told that your child has a heart murmur?
- YES NO 11. Is your child able to play as hard as other children?
- YES NO 12. Is your child a hemophiliac (free bleeder)?
- YES NO 13. Does your child have tubes in his/her ears?
- YES NO 14. Does your child get along well with other children?
- YES NO 15. Is your child usually a happy child?
- YES NO 16. Does your child have any other special problems not addressed above?
- YES NO 17. When did your child last see a doctor? _____ (Month) _____ (Year)

If you answered yes to any question and need additional space to explain, please state the question number and use the space below:



Vacation Days

Every child that is enrolled in KICK's will receive the same number of vacation days they are enrolled for. These are to be used as free days when the child is not attending KICK's. To use your vacation days you must provide a written 2 week notice, prior to using the days. This is for the school year and for the summer. (School year = from the first 1/2 day in the fall until the last day in the spring) For example if your child is enrolled for 3 days a week during the school year - you will receive 3 vacation days that you can use for that school year. If your child is attending 5 days a week during the summer - you will receive 5 vacation days that you can use during that summer. Please remember that your vacation days expire at the end of each term.

Child's Name _____

Number of days enrolled _____ Term _____

Parent's Signature _____

Master's Employee Signature _____

Date _____

Parking Lot Safety

For the safety of the children, we ask that you share this policy with anyone that may be picking up or dropping off your child at the Master's Gym/KICKs campus.

1. Please do not leave your car running or unlocked.
2. Please do not leave any children unattended in your vehicle.
3. An adult **MUST** accompany all children to and from the gym building. Adults must also accompany children in the parking lot when entering and leaving the building.
4. No child, regardless of age or parents wishes, will be allowed to leave the building unless the authorized person comes in and checks the student out.
5. Drive slowly and safely when you are in the parking lot. Small children can easily run across the parking lot.
6. Cigarettes and other trash must be left in your vehicle.

Parent's Signature: _____ Date: _____