



Kids' University

For office use only

Check # _____

Card _____

Cash _____

Date: _____

Member (\$69) Non Member (\$89)

Child's Information

NAME: _____ GENDER: _____ AGE: _____ GRADE: _____

TEACHER: _____ SCHOOL _____

MOTHER'S NAME _____ EMAIL _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

WORK PHONE _____ HOME PHONE _____ CELL PHONE _____

FATHER'S NAME _____ EMAIL _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

WORK PHONE _____ HOME PHONE _____ CELL PHONE _____

How did you hear about us? _____

If your child has any food or other allergies or anything the instructor needs to be aware of please list here:

COURSE TITLE – Check for enrollment.

SCHOOL – Circle which one your child will be attending.

Art		A.B. Clark	Charles Spencer	G.O. Bailey	Len Lastinger	Matt Wilson	Northside	Omega
		A.B. Clark	Charles Spencer	G.O. Bailey	Len Lastinger	Matt Wilson	Northside	Omega

Total Number of Courses _____

PARENTAL CONSENT AND RELEASE FROM LIABILITY & PHOTO RELEASE FORM

I/We the undersigned parent(s) of the above identified minor, do hereby consent to his/her participation in the course(s) named above and do forever release, acquit, discharge, and agree not to sue Tiftarea YMCA, its members individually, and its officers, agents, and employees from all claims, demands, rights, and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from participation in and in any connection with such programs.

I also give Tiftarea YMCA the right to use any picture taken of my child in all forms of media. My consent releases Tiftarea YMCA and any of its representatives from any and all monetary obligations to me for use of photographs or film of my child.

In the event that my child becomes ill or sustains injury while in the care of Tiftarea YMCA programs, I give permission to administer first aid to him/her. I also give permission to admit my child to any hospital for such treatment as is deemed necessary.

Signature _____ Date _____

Print Name _____ Date _____ Relationship _____