

**K2K LLC**  
**2014-15 REGISTRATION FORM**

Please register my child(ren) for K2K programs.

<u>Child's Name:</u>	Boy or <u>Girl</u>	<u>Age</u>	<u>Date of birth</u>	<u>Events requested</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

**MEDICAL RELEASE**

I hereby declare that my child(ren) listed above is(are) in good physical condition and I give my consent for my child(ren) to participate in all activities of the Kidstokids LLC. I hereby give the staff permission to render or direct any and all medical attention necessary to be administered to my child(ren) in the event of an accident, injury, sickness, etc., until such time as I can be contacted. I also hereby assume the responsibility for payment for any such medical attention. This release is effective for the school year of 2014-15.

Signature of Parent: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Child(ren)'s physician: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Physician's phone #: \_\_\_\_\_

Child(ren)'s known allergies: \_\_\_\_\_