

**Registration/Health History Form for KP for Kids/ KP ALL SPORTS after school programs**

*\*The information on this form is not part of the acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to KP after school personnel prior to student's participation.*

Child Name: \_\_\_\_\_  
First Name/Middle Name/Last Name

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Custodial Parent/Guardian: \_\_\_\_\_

Daytime Phone while child is at program: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Second parent or emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Additional Contact people: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

**Insurance Information**

Is the participant covered by family medical/hospital insurance? Yes / No

If so, indicate carrier or plan name: \_\_\_\_\_

Group #: \_\_\_\_\_

Carrier address: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Insurance ID number: \_\_\_\_\_

**Parent/Guardian Authorization for Health Care:**

**This Health history is correct and complete as far as I know, and the person herein described has permission to engage in all program activities except as noted. I hereby give permission to the program to seek emergency medical treatment. I give my permission to the program to arrange necessary related transportation for my child.**

Signature of Parent or Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

**ALLERGIES:** Add extra page if needed. List all known:

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Describe reaction and management of the reaction:

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If anaphylaxis is a risk, your child will bring epinephrine.

Do they know how to use the device? YES/NO

Epi-pen expiration date: \_\_\_\_\_

**Medical allergies (list)**

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**Food allergies (list)**

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**Other allergies (list)** – include insect stings, hay fever, asthma, animal dander, etc.

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**Medications being taken:** Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. At no time will a KP for Kids/ KP ALL SPORTS staff member administer any form of medication. The only exceptions to this rule are inhalers and Epi-pens. If your child requires medication during the program hours, you must make arrangements to administer the medication. This is for informational purposes and in case of an emergency to be given to the appropriate emergency responder if necessary

\_\_\_\_\_ CHILD takes no medication on a routine basis  
\_\_\_\_\_ CHILD takes medication as follows:

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(Dosage/Time taken/Reason for taking)

**Child immunization record is up to date/current: YES/NO**

Use this space to provide any additional information about the participant:

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Name of your physician:

Office number: (            )

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Name of your dentist/orthodontist:

Office number: (            )

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**KP for Kids/KP ALL SPORTS AFTER SCHOOL PROGRAM  
APPROVED PICK-UP LIST**

Child(ren)'s Name(s) :

Full Name(s) of Custodial Parent(s)/Legal Guardians:

Parent's/Legal Guardian's Signature:

List the **FULL NAMES** of **ALL** persons authorized by you, the parent(s)/guardian(s) to **pick up your child(ren)** and their relationship to the child(ren).

**NAME / RELATIONSHIP**

1. \_\_\_\_\_ /

2. \_\_\_\_\_ /

3. \_\_\_\_\_ /

(Please use other side if needed.)

**IF URGENT TRANSPORTATION/PICK UP IS NEEDED DUE TO ILLNESS OR  
NON-EMERGENCY MEDICAL TREATMENT (AND WE CANNOT REACH YOU),  
PLEASE LIST WHO WE SHOULD CONTACT:**

**NAME / RELATIONSHIP / HOME PHONE / CELL PHONE**

1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Please use other side if needed.)

**NO** student will be released to anyone other than the individuals listed above. This form may be amended by Custodial Parent(s)/Legal Guardian(s) in person as needed. **ALL** persons releasing students **MUST** show a proper photo ID and sign the student out with KP for Kids/KP ALL SPORTS staff.

**KP for Kids/KP ALL SPORTS AFTER SCHOOL PROGRAM  
ON SITE/OFF SITE RELEASE/WAIVER**

NAME(S):

PHONE:

ADDRESS:

AGE:            GRADE:

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration of the permission granted to the participant named above to participate in ANY ON SITE/OFF SITE ACTIVITY, I/We SHALL RELEASE, WAIVE DISCHARGE AND CONVENANT NOT TO SUE KARATE PILATES, INC. dba KP FOR KIDS OR KP ALL SPORTS INC their agents and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant except in the case of gross or willful wanton negligence of KARATE PILATES, INC. dba KP FOR KIDS OR KP ALL SPORTS INC, its agents and employees or otherwise while the named participant participates in the KP for Kids/KP ALL SPORTS AFTER SCHOOL PROGRAM. I/We further agree to indemnify KARATE PILATES, INC. dba KP FOR KIDS OR KP ALL SPORTS INC, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which KARATE PILATES, INC. dba KP FOR KIDS OR KP ALL SPORTS INC, their agents and employees become legally obligated to pay including reasonable attorneys' fees and costs, as a result of claims, demands, costs or judgments, against KARATE PILATES, INC. dba KP FOR KIDS OR KP ALL SPORTS INC, their agents and employees on account of injury to the person or property or resulting in the death of the named participant except in the case of gross or willful wanton negligence of KARATE PILATES, INC. dba KP FOR KIDS OR KP ALL SPORTS INC, their agents or employees and whether or not such liability is sole, joint or several. I/We am/are aware that participation in this program may present a strain on my child's body, or its parts and therefore I represent to KARATE PILATES, INC. dba KP FOR KIDS OR KP ALL SPORTS INC that to the best of my knowledge, my child is in a proper physical condition to allow him/her to participate and that I/we assume the risk of participating. I/We understand that in case of injury or illness, I/We will be notified. If it is impossible to contact me and it is an emergency, I/We hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child. I/We the parent/legal guardian, the undersigned, have read this release and understand all its terms. I/We execute it voluntarily and with full knowledge of its significance. I/We have executed this release on this date indicated next to my/our names.

\_\_\_\_\_  
SIGNATURE(S) OF PARENT(S) OR LEGAL GUARDIAN(S)

\_\_\_\_\_  
DATE

E-MAIL ADDRESS(S) \_\_\_\_\_