



Please complete all sections. This form must be signed and on file prior to participation in Klinik Kids programming.

**Participant Information**

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Sex assigned at Birth: Female Male Prefer not to say

Race/Ethnicity (Circle all that apply): (We ask so we can make sure our programs are welcoming, inclusive, and meet requirements. Your answers are private.)

American Indian or Alaska Native Asian Black or African American Hispanic or Latino

Native Hawaiian or Other Pacific Islander White Prefer not to say

School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

T-Shirt Size (Circle One): Youth L Adult S Adult M Adult L Adult XL

Anything we should know about your child (asthma, allergies, autism, medications etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Authorization & Release**

I hereby authorize Klinik Kids, Inc. representatives to provide or arrange emergency medical treatment as deemed necessary. I understand that every effort will be made to contact me before such treatment, if possible. I agree to bear all costs incurred. I release Klinik Kids, Inc., its staff, coaches, and volunteers from any liability arising from medical treatment.

**Release of Liability**

In consideration of my child's participation in Klinik Kids, Inc. programs, I release and hold harmless Klinik Kids, Inc., its officers, employees, and volunteers from any and all liability, claims, or demands arising from participation, except in cases of gross negligence or willful misconduct.

**Media Release**

I grant permission to Klinik Kids, Inc. to use my child's image, likeness, and/or voice in photographs, videos, and publications for promotional or educational purposes in print or online. I waive any right to inspect or approve materials or to receive compensation.

Parent/Guardian Name: \_\_\_\_\_

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

Staff Use Only: Received by \_\_\_\_\_ Date: \_\_\_\_\_