



**REGISTRATION FORM**

**PARTICIPANT INFORMATION**

FULL NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
RACE/ETHNICITY: \_\_\_\_\_ (OPTIONAL) CURRENT GRADE LEVEL \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION**

NAME: \_\_\_\_\_ RELATIONSHIP TO PARTICIPANT \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
IS PARENT CURRENTLY EMPLOYED? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, WHAT IS YOUR CURRENT OCCUPATION \_\_\_\_\_

**PLEASE CHECK ANY OF THE CURRENT ISSUES THAT YOU MAY BE EXPERIENCING WITH YOUR CHILD:**

- |  |  |
|--|--|
| <input type="checkbox"/> Currently overweight/obese  | <input type="checkbox"/> Affiliated with high risk gangs or clubs in middle school and high school |
| <input type="checkbox"/> At risk for obesity   | <input type="checkbox"/> School performance and behavior problems                                  |
| <input type="checkbox"/> Currently or previously residing in juvenile detention centers                    | <input type="checkbox"/> Food Stamps   |
| <input type="checkbox"/> Previously or presently on probation or being monitored by juvenile court systems | <input type="checkbox"/> TANF  |
| <input type="checkbox"/> Currently residing in group homes   | <input type="checkbox"/> Foster Care or Foster Care System   |
| <input type="checkbox"/> Frequent fighting or suspension from school                                       | <input type="checkbox"/> IEP   |
|  | <input type="checkbox"/> Other _____   |

List any Allergies/Medical Conditions/Physical or Mental Limitations: \_\_\_\_\_

Parent / Guardian signature \_\_\_\_\_ Emergency Contact / Name and Phone: \_\_\_\_\_

I/We, and/or Spouse and/or Parents/Guardians or the above Participant(s), do hereby consent to my/our/his/her participation in the above Program(s) including all activities incidental to the Program and Inspiring Kids Academy, Inc. I/We assume all responsibilities for, and risk and hazards of participation in the program(s), including transportation to and from all activities in the program. In consideration of being allowed to participate in the program(s), I/We hereby release and forever discharge Dekalb County, Inspiring Kids Academy, Inc., The Batter's Box, and their respective officials, officers, employees, sponsors, organizers, supervisors, volunteers, participants and agents, from any and all claims, actions or causes of action of whatever kind and nature, including claims for property damage, bodily injury or death, arising out of, or sustained as a result of, my/our/his/her participation in the Program(s) and all activities incidental to the program.

I hereby give Inspiring Kids Academy, Inc. permission to take photographs or use video and sound in which he/she (participant) may be involved with others without compensation to me or my child. These photographs may be used by Inspiring Kids Academy, Inc. for promotional and informational purposes in print, or on the IKAcademy, Inc. website and in other media.

I understand and agree that Inspiring Kids Academy, Inc. will not be held responsible for the loss of any personal property sustained during the participant's attendance at any of his/her Program(s) and/or events.

I/We understand that no REFUND(s) will be issued after the first day of Camp

I certify by signature below, that I know of no mental or physical problems that might affect the participant's ability to safely participate in the program(s) offered by Inspiring Kids Academy, Inc. I hereby authorize Inspiring Kids Academy, Inc and its staff to act for me, in my absence, according to their best judgment, in any emergency requiring medical attention.

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