



### Registration Form

Please print all answers except signature

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email address (for enrollment confirmation): \_\_\_\_\_

Parent/Guardian(s) Name(s): \_\_\_\_\_

Contact # in case of emergency: \_\_\_\_\_

*My Child's participation in the Bricks 4 Kidz program is voluntary. I understand that the activities may involve accidental injury and hereby assume such risks. Knowing these risks, I want my child to participate in this activity and on behalf of my child I hereby waive, release and discharge Bricks 4 Kidz, its officers, employees, activity instructors and assistants, and all officers and employees of the school or community center sites where said activity will take place, for any and all claims for damages for personal injuries, or claims for damages to property, which my child or my child's heirs, assigns, executors or administrators may have or which may accrue to my child's participation in this activity.*

I have read the above and understand the important legal rights being waived.

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Print First and Last Name: \_\_\_\_\_

Does the Student have any allergies or medical condition? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes describe: \_\_\_\_\_

\_\_\_\_\_

(Optional)

*I consent that Bricks 4 Kidz may use any photographs or video recording that are taken of my child while participating in the camp activity for use in Bricks 4 Kidz brochures and program materials that are distributed both as printed document and on the internet. No payment will be made for use of these photographs and/or videos. Your child's name would never be used in connection with these images.*

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