

# KIDS IN MOTION, LLC

## CAMP REGISTRATION FORM

CHILD'S FULL NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PARENT (1) NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PARENT (2) NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMERGENCY CONTACT (non-parent, local #) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL INSURANCE COMPANY \_\_\_\_\_

MEDICAL INFORMATION: [Please list any pertinent medical conditions (i.e. medications, asthma, seizures, physical or learning challenges)]

### NUTRITIONAL/DIETARY INFORMATION:

(Please list any food allergies, restrictions, etc. to guide KIDS IN MOTION in providing snacks during programs)

HAS YOUR CHILD BEEN A STUDENT AT KIDS IN MOTION WITHIN THE LAST YEAR? YES NO

**PLEASE COMPLETE OTHER SIDE OF REGISTRATION  
FORM, SIGN, ENCLOSE A \$75 NON-REFUNDABLE  
DEPOSIT TO SECURE YOUR CHILD'S SPACE FOR  
EACH SESSION, AND RETURN TO KIDS IN MOTION.  
A PACKAGE INCLUDING IMPORTANT INFORMATION  
WILL BE MAILED TO YOU 2-3 WEEKS BEFORE YOUR  
SESSION**

# KIDS IN MOTION, LLC

I, the undersigned, give my child(ren) permission to participate in the gymnastics and all other programs offered during our camp program which may include off-site excursions, and hereby agree to hold harmless, release and forever discharge KIDS IN MOTION, LLC the owner, and all its staff by reason of any accident, illness, injury or death resulting directly or indirectly from my child(ren) participation in the above mentioned activities; save and exact that the above provisions shall not be applicable to injury to, or death of any persons arising out of the gross negligence or the intentional acts of KIDS IN MOTION LLC its owner, or its staff. The terms of release shall serve as a release and assumption of risk for my child(ren) throughout the time that my child(ren) to enroll in this program. I realize KIDS IN MOTION LLC is not responsible for my child before or after the hours of camp program (or childcare if applicable).

Parent/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

## KIDS IN MOTION CAMP REGISTRATION FORM

**POSITIVE ENVIRONMENT**

**BUILDING  
COORDINATION**

**BOOSTING  
CONFIDENCE**

**STRENGTH  
& FLEXIBILITY**

**FRIENDSHIP, FUN  
& FITNESS**



PLEASE REGISTER MY CHILD FOR: Indicate session number and dates

4 & 5 year old - Half Day Camp(s)

Session Date(s) \_\_\_\_\_

\_\_\_\_\_

6 - 12 year old - Half Day Camp(s)

Session Date(s) \_\_\_\_\_

\_\_\_\_\_

6 - 12 year old - Full Day Camp(s)

Session Date(s) \_\_\_\_\_

\_\_\_\_\_

Please enclose a \$75 non-refundable deposit to secure your child's place for EACH session selected

Has your child been enrolled in KIM gymnastics during the last school year?

Yes  No