



## Registration Form

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### Child's Information:

First: \_\_\_\_\_ Last: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

### Parent's Information:

First: \_\_\_\_\_ Last: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

If applicable, please provide contact information for another guardian below:

First: \_\_\_\_\_ Last: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Special Considerations:

Please list any special needs your child may have:

Please list any food restrictions:

Please list any known allergies:



**Mentors:** Please provide the contact information of three mentors who spend a considerable amount of time with your child. These mentors will be sent questionnaires for your child's quarterly evaluations. Teachers, coaches, church leaders, etc. are all good choices. Please avoid choosing parents and relatives.

Mentor 1	Mentor 2	Mentor 3
First: _____ Last: _____	First: _____ Last: _____	First: _____ Last: _____
Relationship: _____	Relationship: _____	Relationship: _____
Phone: _____	Phone: _____	Phone: _____
Email: _____	Email: _____	Email: _____

Are you or your child currently YMCA members?

How did you hear about the Biggz Kidz Program?

**Releases:**

Liability – I recognize that participation in the Biggz Kidz (YMCA of the Capital Area and Biggz Professional Tree Care) program may expose program participants to some risk of injury, illness or death. I assume all liability and agree to hold Biggz Kidz harmless from any claims for damage to any property or injury to persons which may occur through participation in Biggz Kidz.

Photo/Talent Release – I hereby irrevocably release, consent and allow Biggz Kidz (YMCA of the Capital Area and Biggz Professional Tree Care) to use my and/or my child's photograph/likeness/voice as it pertains to my/his/her participation with Biggz Kidz, in any manner for promotional efforts without exception for any reimbursement in connection with its use.

**Please Sign:**

By signing below, I verify that all of the information I have provided is accurate and that I have been informed of all of the above responsibilities & releases of the Biggz Kidz program

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

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

**Please return the completed form with the \$10 registration fee (in the form of cash, check, or credit card) to one of the participating YMCA branches: Paula G. Manship, A.C. Lewis, or Baranco-Clark.**