



Participant Information:		
Child's Legal LAST Name	First Name	GradeAge
Birthdate (month/day/year)	Child Care Card #	
Address	City	Postal Code
Allergies/Dietary Restrictions:		
List any medical conditions/fears/tra	umas/triggers that we should knowabout:	
Contact Information:	Deiverson Dirana	Forett
		Email
Guardian Name		Secondary Phone
Emergency Contact	Relationship to child	Phone
In the unlikely event that the printing or becomes seriously in and I cannot be reached, I aut authorize any and all hospitaliand/or surgical treatment deer circumstances. While every rewith this program, it is agreed and volunteers are released from the above named participant of personal property.	Il while with this program, horize the staff to seek and zation, medical, dental, med advisable by the asonable precaution is taken that the providers and staff om all liability for injury to	Pick Up & Driver Release:  understand that this program is offered off-site during chool hours. I give permission for my child to be taken iff site and driven by Game Ready coaches. While every easonable precaution is taken to keep your child safe, it is agreed that the providers and staff are released from ill liability for injury or serious bodily harm that might occur in the event of an accident.

Please note that without a guardian signature, your child cannot be admitted into this program

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## **Gameready Fitness Program Funder - MEDIA RELEASE**

## By signing below, the participant's guardian:

Authorizes Gameready Fitness to use photographs in which the participant(s) appears for marketing, promotional and educational purposes in any and all media including in printed and/or electronic media, including Gameready's website and on social media.

Signature of Guardian:	Date: