



KICKSTART KIDS

Student Registration Form (Under 18)

School: _____ School Year: _____ Grade: 6 7 8 9 10 11 12
Period: 1 2 3 4 5 6 7 8 9 10 Amount Paid \$ _____ (FOR INSTRUCTOR USE ONLY)

The Annual Equipment Fee is \$35.00 (Uniform is provided at no charge for all first year students.)

***Fee:** Each student is required to have a white karate uniform from **KICKSTART KIDS**. **ALL** students **MUST** wear a properly fitted uniform to attend class. **NO EXCEPTIONS**. Any lost or stolen uniforms must immediately be replaced to continue classes, at a charge of \$25.00 to the student.

Parent/Guardian Approval, Liability Release, and Emergency Medical Authorization

I hereby certify that my child/ward _____ has my consent and approval to participate in the KICKSTART KIDS Martial Arts program per the information above. I acknowledge that my child's/ward's participation in the KICKSTART KIDS Martial Arts program involves certain known and unknown risks, including but not limited to, accidents or injuries arising from or related to various activities in which my child/ward may participate. These activities include, but are not limited to, stretching, conditioning exercises such as push-ups, sit-ups, and squats, sparring both with students and the instructor, and drills utilizing training equipment such as heavy-bags and target shields. I understand and acknowledge that the KICKSTART KIDS class is a physical course and, accordingly, the instructor may physically correct and adjust my child/ward's posture, positioning, targeting, and form.

In consideration of the benefits my child/ward will receive from his/her participation in the KICKSTART KIDS Martial Arts program, by my signature below, I agree to assume all risk of personal injury, property damage, or death that my child/ward may suffer while participating in the KICKSTART KIDS Martial Arts program, and I hereby voluntarily, expressly and knowingly WAIVE, RELEASE AND HOLD HARMLESS KICKSTART KIDS and all of its officers, directors, agents, employees and volunteers, individually and collectively (the "Released Parties"), from any and all claims, whether known or unknown, liability, expenses, damages, and causes of action at law, or in equity, for any injury, property damage or death which my child/ward may suffer as a result directly or indirectly from participation in the KICKSTART KIDS Martial Arts program INCLUDING, BUT NOT LIMITED TO, ALL CLAIMS OF NEGLIGENCE, WHETHER ACTIVE OR PASSIVE, AND WHETHER CAUSED BY MY CHILD'S/WARD'S OWN NEGLIGENCE OR THE NEGLIGENCE OF THE RELEASED PARTIES. I further agree that this waiver and release extends to all such claims, expenses, causes of action, or lawsuits that could be brought by me, as next friend or otherwise on behalf of my child/ward, by me individually or on my own behalf, and by or on behalf of the parents of the child/ward or their respective heirs or legal representatives. I will not institute or prosecute any actions or suits at law or in equity, nor aid any institution or prosecution of any claim, demand, action or cause of action against the Released Parties for any personal injury, property damage, or other loss or damage of any nature or kind, costs or attorneys' fees sustained or that might be sustained by my child/ward and/or his or her parents which are related to, resulting from, or connected in any manner with the participation in the said activities and/or events. I agree that this agreement may be pleaded as a complete defense to any action or proceeding that may be brought or instituted by my child/ward, by me individually or on my own behalf, or by or on behalf of the parents of the child/ward or their respective heirs or legal representatives. I further agree to INDEMNIFY, SAVE AND HOLD HARMLESS the Released Parties and each of them from any loss, liability, damage, or cost, including reasonable attorney's fees, which arises as a result of (1) my breach of this Parent/Guardian Approval, Liability Release, and Emergency Medical Authorization; and/or (2) the participation of my child/ward in the KICKSTART KIDS Martial Arts program.

In the event my child/ward is injured, ill or otherwise requires medical attention or treatment, I hereby grant permission to the school and/or KICKSTART KIDS officers, employees, agents and volunteers to render, secure, and/or authorize necessary medical treatment for my child/ward. I grant permission to KICKSTART KIDS for my child/ward (a) to be photographed, recorded and/or interviewed in connection with the Program and for the photographs, recordings and interview materials to be used and released publicly and (b) to participate in an evaluation of KICKSTART KIDS conducted by an external evaluator. (All evaluation participants are guaranteed confidentiality; the evaluator will not share individual student information collected during the evaluation process with anyone and the information will not be used as part of the KICKSTART KIDS class assessment process.) I agree to participate in the Program and the assessment process without financial remuneration, and I understand that this releases KICKSTART KIDS and any photographer/interviewer/evaluator from any future claims, as well as from any liability arising from the use of said photographs, recordings, interviews and evaluations. I also grant permission for KICKSTART KIDS to contact my child/ward in the future concerning KICKSTART KIDS and related events and opportunities.

This Parent/Guardian Approval, Liability Release, and Emergency Medical Authorization shall be governed by the laws of the State of Texas.

PLEASE PRINT

Student's Name: _____ Date of Birth: ____ / ____ / ____

Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Emergency Phone: _____

☐ - As a parent, I am interested in volunteering my time to KICKSTART KIDS to help make a difference.



Welcome! You and your KSK student are now part of the KICKSTART KIDS Community.
If you provide your email, KSK will periodically send information regarding program, contests, and other events.

Parent/Guardian Email: _____

Student Email: _____

Parent's Signature: _____ Date: ____ / ____ / ____