

**Return Completed Application to:**

Kids Cubed, Inc.  
2500 Dallas Highway  
Suite 202, #480  
Marietta, GA 30064  
Or  
Scan and email to inga@kids3.org

**Dare to be Xtreme**  
For teens in state care (ages 14-18)  
*Sponsored by KidS<sup>3</sup>, Inc.*



## REGISTRATION FORM

**Instructions:** *Please Print.* This form must be completely filled out. The information is vital to the health and well-being of the child. Your application will be returned to you if it is not completely filled in.

Participant's Last Name                      First Name                      Preferred Name                      Sex                      Birthdate

Street    Age    Current Emotional Age

City    Zip    School                      Grade                      Reading level

Child is living with: (Check one)                       Foster Parent     Group Home     Relative     Adoptive parent

Name(s) of person(s) the child is living with

( \_\_\_\_\_ )                      ( \_\_\_\_\_ )

Home Phone:                                      Work Phone                                      Email

Emergency Contact                                      ( \_\_\_\_\_ )

Phone

Relationship to Child

( \_\_\_\_\_ )

**Social Worker Name/Agency/County**                      Day Phone Number                      **Email**

Moved in Foster Placement how many times? \_\_\_\_\_

### PARTICIPANT DETAILS:

Learning Disabilities:     Yes                       No                      Reading Level: \_\_\_\_\_

Has the participant attended Royal Family KIDS Camp or Xtreme Life before?     Yes, where? \_\_\_\_\_     No

T-Shirt Size:     Child XLarge     Adult Small     Adult Medium     Adult Large     Adult XLarge     Adult XXLarge

*Indicate all known allergies, illness, disabilities, physical limitations or medical complications:*

Allergies: \_\_\_\_\_

Illnesses/medical complications: \_\_\_\_\_

Parent or Legal Guardian Signature

Printed Name

Date

**MEDICAL RELEASE FORM:**

This health history is correct so far as I know, and the above named minor has permission to engage in all prescribed program activities, except as noted. The undersigned do hereby authorize the directors of KidS<sup>3</sup>, Inc. or such substitute as they may designate as agent for the undersigned to consent to an X-Ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, camp or elsewhere. This authorization will remain effective while the above minor is enroute to and from or involved or participating in any camp program, unless revoked in writing by the undersigned and delivered to the Director of Dare to be Xtreme as legal guardian/social worker/other. I give my permission for \_\_\_\_\_ Participant \_\_\_\_\_ to attend Dare to be Xtreme on \_\_\_\_\_ Date of event \_\_\_\_\_ through KidS<sup>3</sup>, Inc.

Authorized Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Child's Medicaid # \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS**

I hereby give KidS<sup>3</sup>, Inc.'s Registered Nurse permission to administer the following products according to manufacturer's instructions, or as otherwise specified.

I trust KidS<sup>3</sup>, Inc.'s Registered Nurse to use her best judgment as situations arise, and if in doubt, he/she can call for verification.

Please check YES or NO for the medications listed below. This form must be completely filled out by the primary caregiver who signs below, or participant may not attend this event.

YES	NO		Specify if desired:
<input type="checkbox"/>	<input type="checkbox"/>	Rash ointment	_____
<input type="checkbox"/>	<input type="checkbox"/>	Tylenol	_____
<input type="checkbox"/>	<input type="checkbox"/>	Antiseptic ointment	_____
<input type="checkbox"/>	<input type="checkbox"/>	Band-aids	_____
<input type="checkbox"/>	<input type="checkbox"/>	Anti-itch cream	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hydrogen peroxide	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cough syrup	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cough drops	_____
<input type="checkbox"/>	<input type="checkbox"/>	Decongestant	_____
<input type="checkbox"/>	<input type="checkbox"/>	Antihistamine	_____
<input type="checkbox"/>	<input type="checkbox"/>	lipecac syrup	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____

Parent or Legal Guardian's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Person Authorized to pick-up child \_\_\_\_\_



## Program Participation Agreement for KidS<sup>3</sup>, Inc.

**Participant Name (print):** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

### Waiver and Hold Harmless Agreement

In consideration of the Participant being allowed by KidS<sup>3</sup>, Inc. to participate in and/or attend any and all activities associated with Dare to be Xtreme (a program of KidS<sup>3</sup>, Inc.), I hereby agree to waive any and all claims, release, discharge, hold harmless, indemnify, defend, and covenant not to sue, for myself, my heirs, executors, administrators, and assigns KidS<sup>3</sup>, Inc., its officers, directors, employees, agents, volunteers, and members from and against any and all claims or demands due to or arising from bodily injury, personal injury, illness or death, as well as any and all property damages sustained of any nature which might be incurred by me and/or the Participant while participating in said activities. By signing below, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. The Participant (or parent/guardian) accepts personal financial responsibility for any medical expenses, bodily injury, personal injury, and property damages sustained during on in any way connected with or related to the activities.

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

**Print Name:** \_\_\_\_\_

**Relationship to Participant if not Participant:** \_\_\_\_\_

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

(IF PARTICIPANT IS YOUNGER THAN 18 YEARS OLD, THE LEGAL GUARDIAN MUST SIGN, AND BY SIGNING, AFFIRMATIVELY REPRESENTS THAT HE/SHE IS THE LAWFUL GUARDIAN OF PARTICIPANT WITH THE LEGAL RIGHT TO ENTER INTO THIS AGREEMENT ON BEHALF OF PARTICIPANT)