



**KIDS ENJOY EXERCISE NOW
new york**

**ATHLETE REGISTRATION FORM
(PLEASE PRINT LEGIBLY)**

Parents: *Please take your time in filling out this form. Be as detailed as possible and add additional pages as needed. Please offer specific suggestions as to how KEEN volunteers can be most effective in coaching your child.*

Athlete's Name:	Date of Birth:	Age:
Parent(s):		
Address:	Telephone Number (home):	
	Cell Phone Number:	
E-mail Address:	Siblings:	
School:	Telephone Number (work):	
Employer: mother	Telephone Number (work):	
Employer: father		

Emergency Contacts and Telephone Number(s):

1. _____
2. _____

SPECIAL SKILLS that parent could offer to KEEN (e.g. graphic designer, programmer, web-based skills, etc.):

Would you be interested in serving on Parents Committee?

YES

NO

**ATHLETE PROFILE
(PLEASE PRINT LEGIBLY)**



I. Description Of Child

Disability:

Ability:

Physical Limitations:

Strengths:

Weaknesses:

Behavior Problems /Issues:

Left- Or Right-Handed:
Communication:

Toileting Skills:

Other:

II. Helpful Hints/Suggestions For Coaching My Child (*calming techniques, methods for motivating, etc.*):

III. Medical Conditions/Needs (include medications and the specific procedures you wish to be followed in the event of a seizure, injury, or other health-related incident that might occur at a KEEN activity):

IV. Child's Favorite Activities:

V. Previous Recreational/Sports Experience, If Any:

VI. What You Hope Your Child Will Gain from KEEN (*personal goals, sports skills, socialization, etc.*)

PARENT SIGNATURE: _____

DATE: _____



RELEASE OF LIABILITY

My child _____ will be participating in various types of recreational activities offered by the Kids Enjoy Exercise Now (KEEN) New York.

I hereby release and discharge KEEN New York, and any of its volunteers, directors, officers, employees or agents from any and all liability or responsibility for any accident or injury to person or property which may occur during the course of such recreational activities, except for any liability or responsibility resulting from the gross negligence or willful misconduct of KEEN New York or any of its volunteers, directors, officers, employees, or agents.

BY:

[Signature]

Name:

Child's Name(s)

Date:

CONSENT FOR PHOTOGRAPHING/VIDEOTAPING/FILMING

I hereby give my consent to the KEEN New York, and to anyone KEEN New York may authorize to photograph, videotape or film my child, _____, at any KEEN New York activity or event for use in connection with KEEN New York promotional efforts.

CHILD'S NAME:

PARENT NAME:

PARENT SIGNATURE:

DATE: