

Program Registration Form

Child's Information			
Last Name		First Name	Nickname
Street Address			Shirt Size
City		State	Age
Child's Home Phone		Date of Birth	
Male <input type="checkbox"/> Female <input type="checkbox"/>	Child's Primary Spoken Language ENGLISH		
School	Grade	Email Address	

Program: (Check the applicable circle)

- ☐ School Year
- ☐ Sports
- ☐ Summer

Parent/Guardian Information		
Mother's Name		Home Phone and Cell Phone
Street Address		Apartment/Unit #
City	State	Zip
Mother's Employer		Business Phone
Address of Mother's Employer		
Father's Name		Home Phone and Cell Phone
Street Address		Apartment/Unit #
City	State	Zip
Father's Employer		Business Phone
Address of Father's Employer		
Child's Parents are now: Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Father Deceased <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Single Parent <input type="checkbox"/> Other <input type="checkbox"/>		
Does the child live with both parents? YES <input type="checkbox"/> NO <input type="checkbox"/>		If not, please provide full name of parent with whom the child resides:

Emergency Contacts	
Full Name	Relationship
Address	Phone () Alternate Phone ()
Full Name	Relationship
Address	Phone () Alternate Phone ()

In addition to those listed above, the child may be released to the following persons:

1. Full Name	Relationship
Address	Phone () Alternate Phone ()
2. Full Name	Relationship
Address	Phone () Alternate Phone ()
3. Full Name	Relationship
Address	Phone () Alternate Phone ()

Special Needs/Comments

ACKNOWLEDGMENT, WAIVER AND RELEASE

1. I certify that the above information is accurate and agree to promptly provide I BEATA.L.L. Inc. with updated information.
2. I am fully aware that this program is **exempt** from license from Bright From the Start. I BEAT ALL Inc. however does carry liability insurance on its facility and its members. For any questions on exemption contact 404-657-5562 www.decal.ga.gov.
3. I am fully aware that the program activities may be physically demanding. I am also aware that the program activities may include field trips and limited access to the Internet. Accordingly, I understand there may be risks related to my child's participation including, but not limited to, the possibility of injury (including allergic reactions), damage to clothing, and damage to personal items. I agree to provide a medical release form if deemed necessary.
4. I am fully aware that having my child participate in programs may put them at risk for COVID-19. I agree not to hold I Beat ALL liable for any sickness or demise due to contracting COVID-19 and also, I will not knowingly expose I Beat ALL programs to my child if they contract COVID-19 or have COVID-19 symptoms.
5. Should my child suffer injury or illness while participating in the program, I authorize I BEATA.L.L. Inc. to authorize such medical attention as may be deemed appropriate by I BEATA.L.L. Inc. under the circumstances. I agree that I am responsible for all financial costs associated with the medical attention provided.
6. I understand that if my child fails to obey the rules of the program, I BEATA.L.L. Inc. may, at its sole discretion, terminate my child's participation in the program. I also understand the program costs and agree to abide by payment terms. Not doing so may cause my dismissal from the program.
7. I grant full permission to I BEATA.L.L. Inc. to use my child's first name, voice and likeness, with no obligation to compensate me, in connection with any materials or media (collectively, the "Media"), for the purpose of advertising, marketing, publicizing or promoting I BEATA.L.L. Inc.
8. I grant full permission to I BEAT A.L.L. Inc. drivers to transport my child to and from in their approved vehicles.
9. I release and discharge I BEATA.L.L. Inc. from any and all causes of action, claims, suits, controversies, agreements, judgments, demands or claims whatsoever whether arising in law or in equity, including any claims for punitive or exemplary damages, which may arise out of my child's participation in the program.
10. I understand that this document is intended to be as broad and as inclusive as permitted by the laws of Georgia and if any portion of this agreement is invalid, the remainder will continue in full legal force and effect. I further agree that any legal proceedings related to this waiver will take place in Georgia.

Parent/Guardian Signature

Signature	Date
Office Use Only: Amount Paid:	Received by: