



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: _____

School: _____ **Siblings:** _____

Employer: mother _____ **Telephone Number (work)** _____
father _____ **Telephone Number (work)** _____

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:** _____

LIABILITY AND PUBLICITY RELEASE AND WAIVER

I, _____, an individual having an address of _____

(“**Guardian**”), hereby agree, consent and give permission to the Kids Enjoy Exercise Now (KEEN) Foundation, Inc. (“**KEEN**”), a Maryland corporation having a mailing address of P.O. Box 341590, Bethesda, Maryland 20827-1590, and Kids Enjoy Exercise Now (KEEN) of Greater DC LLC (“**KEEN Greater DC**”), a Maryland corporation having a mailing address of P.O. Box 341590, Bethesda, Maryland 20827-1590, to allow my child _____, born on _____, (“**Participant**”) to participate in KEEN and KEEN Greater DC sports and recreational activities (the “**Activities**”), conducted by KEEN Greater DC and/or its affiliates, subsidiaries and agents. In exchange for KEEN and KEEN Greater DC allowing Participant to participate in the Activities, I agree on Participant’s behalf, Participant’s heirs, estate, insurers and assigns to fully release KEEN, KEEN Greater DC, their agents, and their staff and volunteers, from any and all damages, injuries (including death), lawsuits, expenses (including attorney fees and expenses), and/or any other liability, of or to Participant or any other person, in connection with Participant’s participation in the Activities, and grant KEEN and KEEN Greater DC LLC the worldwide right in perpetuity, without compensation, to use Participant’s image or likeness for any lawful purpose.

Guardian is the parent of and/or legal guardian of the Participant and is legally able to assume the supervisory responsibility and to waive, indemnify/hold harmless and release KEEN, KEEN Greater DC and the KEEN representatives in the manner described above for all damages, liabilities, claims and injuries sustained or to be sustained by the Participant.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A WAIVER AND RELEASE OF LIABILITY AND SIGN IT VOLUNTARILY.

Date: _____

Signature

Printed Name: _____

Address: _____