



Kids Kicking Cancer  
Power Peace Purpose

# 2018 - 2019 Registration Form

27600 Northwestern Highway, Suite 220  
Southfield, MI 48034  
248-864-8238-*tel* • 248-864-8245-*fax*  
www.kidskickingcancer.org

## STUDENT INFORMATION

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient's Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Primary Hospital: \_\_\_\_\_

Primary Language Spoken in the Home \_\_\_\_\_

Known allergies or other medical conditions \_\_\_\_\_

## PARENT or LEGAL GUARDIAN INFORMATION

### MOTHER OR PRIMARY LEGAL GUARDIAN

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (if different from patient): Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Contact Information:

Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

Email \_\_\_\_\_

### FATHER OR SECONDARY LEGAL GUARDIAN

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (if different from patient): Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Contact Information:

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

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

Email \_\_\_\_\_



Kids Kicking Cancer  
Power Peace Purpose

## 2018 - 2019 Registration Form

27600 Northwestern Highway, Suite 220  
Southfield, MI 48034  
248-864-8238-*tel* • 248-864-8245-*fax*  
www.kidskickingcancer.org

### TRANSPORTATION

Complete only if your children will be using KKC transportation services.

Transportation Phone Number (248) 667-6903

If you are unable to provide transportation for your child(ren), Kids Kicking Cancer will provide transportation from home or school to class within a limited radius of class location. The following rules apply:

1. Pick-up time varies from week to week. However, children must be ready for pick-up 1 ½ hours prior to class.
2. *We need to hear from you each week.* A KKC staff member will call you the day before class, and either speak with your or leave a message. Please call back by 9:00 am the day of class to let us know if your child needs a ride.
3. *If, in an emergency, you have to cancel the day of class, please call as early in the day as possible (248) 667-6903.*
4. Children using the Kids Kicking Cancer van services are expected to behave in a safe and courteous manner with all KKC staff and other students.
5. Children must wear seatbelts at all times.
6. Please give your child a snack and drink *before* getting on the van. Additional drinks are provided during class.
7. Changes in transportation locations (pick-up or drop-off) require written permission of the parent or legal guardian.
8. Participation in the transportation program is at the discretion of Kids Kicking Cancer and signing this page does not guarantee participation. If there are continuous problems with your child(ren) in the transportation program these privileges can be revoked at any time.

I understand these rules and agree to abide by them:

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name \_\_\_\_\_



Kids Kicking Cancer  
Power Peace Purpose

# 2018 - 2019 Registration Form

27600 Northwestern Highway, Suite 220  
Southfield, MI 48034  
248-864-8238-*tel* • 248-864-8245-*fax*  
www.kidskickingcancer.org

## TRANSPORTATION

Complete only if your children will be using KKC transportation services.

**PICK UP LOCATION**  Home  Other (please specify): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number of Pick-up Location ( ) \_\_\_\_\_

**DROP-OFF LOCATION**  Home  Other (please specify): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number of Drop-off Location ( ) \_\_\_\_\_

Number of children requiring transportation: \_\_\_\_\_

### ALTERNATE DROP-OFF LOCATIONS

In the event that I am not home at the time of drop-off, I give permission for my child(ren) to be dropped off at either of the following locations:

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

2. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name \_\_\_\_\_



# 2018 - 2019 Registration Form

27600 Northwestern Highway, Suite 220  
Southfield, MI 48034  
248-864-8238-*tel* • 248-864-8245-*fax*  
www.kidskickingcancer.org

## PERMISSION FORM

Must be completed for patient and all *participating* siblings.

- I am the parent/legal guardian of the patient and all participating siblings listed below.
- I understand that the Kids Kicking Cancer martial arts program is a combination of meditation, karate forms, visualizations, and breathing techniques. There is no sparring or board breaking that would pose a unique danger to children. However, in any physical activity there is always the threat of accident or injury. I understand that Kids Kicking Cancer, Inc. accepts no responsibility and is not liable for any injury to my child(ren) as a result of their participation in martial arts therapy programs. I accept full responsibility for the safety of my child(ren) while participating in Kids Kicking Cancer programs.
- I understand that Kids Kicking Cancer accepts no responsibility for the loss, damage or theft of personal property.
- I grant full permission for communication and sharing information between Kids Kicking Cancer staff and hospital/medical staff as it relates to my child(ren)'s care and involvement in Kids Kicking Cancer programs.
- I grant full permission for my child(ren) to participate in Kids Kicking Cancer programs, which may include transportation, class activities, trips, outings and meetings.
- I grant full permission to The Heroes Circle, their agents, representatives and appointees to photograph and/or videotape my child(ren), including verbal and written recordings, and to use, publish and release for publication such photos and information relating to the Kids Kicking Cancer program. May include Kids Kicking Cancer website and social media. The name(s) of my child(ren) may be used in connection with the above-stated photographs with the understanding that there will be no exploitation of my child(ren) and that any photographs and/or videos and written information will conform to good standards of taste.
- In addition to myself, my child(ren) may be released from KKC programs to the following individuals:

Name \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

- Please list below all child(ren) participating in Kids Kicking Cancer programs. Include the patient's name and any siblings *that will be participating*. By listing their names below, you are acknowledging that you have full permission from your children's physician(s) to participate in all Kids Kicking Cancer programs and you are accepting responsibility for their participation.

Allergies/Health Concerns

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Participating Sibling: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Participating Sibling: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Participating Sibling: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Participating Sibling: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Participating Sibling: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Participating Sibling: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please sign below to complete your enrollment-thank you!**

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Relationship to other children: \_\_\_\_\_