

# Kidzfun Class Registration!

CHILD/RENS' NAME/S AND AGE/S \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CLASS NAME	SESSION	TIME

HOW DID YOU HEAR ABOUT KIDZFUN? \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

I, \_\_\_\_\_, (parents' names) hereby release, hold harmless and indemnify Theresa McLennan, KIDZFUN, and Pedros Judo Center from any and all lost, claim, damage, or injury of any kind whatsoever which may occur as a result of my use of the facility located at Pedros Judo Center, 19 New Salem St., Wakefield, MA. I understand and acknowledge that said released shall include all injury or damage of any kind whatsoever whether to person, property or otherwise.

Date \_\_\_\_\_

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

Thank You!  
Theresa McLennan  
23 Spring Street  
Saugus, MA 01906  
(781) 558-5084

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

## PHOTO/VIDEO RELEASE FORM

I hereby give permission for images of my child, captured during regular and special Kidzfun activities through, video, photo and digital camera, to be used solely for the purposes of Kidzfun promotional material, publications, and newspaper releases and waive any rights of compensation or ownership thereto. I understand that my child's name will not be used without my permission.

Name of Participant (please print): \_\_\_\_\_

Name of Parent/Guardian (please print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

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