



REGISTRATION FORM

Kidazzler's Name: _____ Gender: _____ Birth date: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ School: _____ Grade in the Fall: _____
 Mother/Guardian: _____ Work Phone: _____
 Father/Guardian: _____ Work Phone: _____
 Emergency Contact: _____ Phone: _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I hereby authorize the KIDAZZLE staff to take my child to the nearest hospital/medical clinic:

Child's Physician: _____ Phone: _____
 Hospital/Clinic: _____ Phone: _____
 Insurance Company: _____
 Allergies or Special Condition to be aware of: _____

I understand and acknowledge that the KIDAZZLE does not offer any medical insurance to protect against injuries, makes no claim to do so and has no responsibility for any medical expense incurred. I understand that each participant must assume the risk and any related financial responsibility that could result from participation in any of these activities. I agree to assume such risks and such financial responsibility.

NO REFUNDS FOR CANCELLATIONS

- I authorize my child to view a rated ____ movie.
- My child is in good physical condition and has my permission to participate in all activities planned including water activities.

- In case of sickness or accident, KIDAZZLE has my approval to secure, at my expense, such medical attention as deemed necessary if unable to contact me.
- I understand that KIDAZZLE does not give program refunds.

Parent's Signature: _____ Date: _____

I hereby authorize KIDAZZLE to allow my child to be released from the center to the following persons ONLY:

Name: _____ Phone: _____
 Name: _____ Phone: _____

PAYMENT INFORMATION (Add \$5 Registration Fee)

Required with Application: Fee for the number of child(ren) (see brochure or registration page on web site for discounts.) Total to be given w/ application: ____ \$45 one child ____ \$55 two children ____ \$65 three children. For each additional child after three please include \$20. **All fees in include all entertainment cost and food.**

You may pre-pay for any of the weekend below, just mail in the fee according to the payment schedule. \$15.00 processing fee applies if payment is late. We accept checks and cash. In the event you registered late cash is the only form of payment we will accept at the event. All other forms of payment are due the week of the KIDAZZLE date no later than Thursday afternoon by mail.

_____ _____ _____ _____

How did you hear about us? Radio Friend Advertisement Brochure **TOTAL: \$ _____**

KIDAZZLE Location: North Austin Central Austin South Austin

SEND FORM AND FEE TO:

KIDAZZLE KIDZ, 6425 South IH 35, PO BOX 105-275, Austin, TX 78744-4230