



KIDZONE KIDS XP REGISTRATION FORM

2025 Minnesota Kids XP - Saturday, February 22, 2025
New Life Church - 2061 100th Ave, Princeton, MN 55371



Child's Name _____ **Parent/Guardian's Name** _____

Age and Grade _____ **Relationship to Child** _____

Date of Birth _____ **Parent Phone Number** _____

Insurance Company _____ **Insurance Policy Number** _____

Home Address _____

Emergency Contact Name and Phone _____

Allergies: **Gluten** **Peanut/Nut** **Other:** _____

Medication(s) Being Taken _____

Date of Last Tetanus Shot _____

Physical Impairments (Heart, epilepsy, etc.) _____

Other pertinent facts to which the physician should be alerted _____

These may be given if needed Tylenol Ibuprofen Throat Lozenges Benadryl

Medical/Dental and Liability Release: I confirm that I am the legal parent and/or guardian of the minor named on this form. You have my permission for my child to attend the Kids XP and participate in all of the associated activities including participating in inflatable activities. I, acting on my own behalf, also release the Minnesota District Council of the Assemblies of God and/or the church my child is attending with, Hillside Church and the inflatable companies, their agents, assigns, staff, and employees as well as volunteer workers, from any liability whatsoever arising out of property damage or loss as well as any injury, sickness or death which may be sustained by my child as the result of any participation in the event program and associated activities. I am aware of the risks associated with participating in these activities and transportation, and I accept my child's participation with full awareness of these risks. I give my permission for the adult chaperones to treat my child in the event of a minor illness or minor injury. In the event that my child is injured while attending Kids XP, I consent to any reasonable treatment as deemed necessary by the event leadership, a licensed physician or dentist, and hospital personnel. In case of emergency, and when I am unable to be contacted, I hereby give my permission to the local physician select by the event to hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child. Additionally, I affirm that the insurance information provided is accurate at this date and will still be enforced for the duration of this year.

Image Release: I authorize the Minnesota District Council of the Assemblies of God, Hillside Church, and/or the church my child is attending with to use my child's likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claim against any of the afore noted organizations for the use of such photographs or videos.

Parent/Guardian Signature: _____ **Date:** _____

Kids XP friend request (we will do our best to accommodate your request): _____