



A Kid Again  
Central Ohio  
777-G Dearborn Park Ln  
Columbus, OH 43085  
Phone: 614-797-9500  
Fax: 614-797-9600

A Kid Again  
Indiana  
8275 Allison Pointe Trail, #220  
Indianapolis, IN 46250  
Attn: Katie Pappas  
Phone: 317-295-3178  
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A Kid Again  
Northern Ohio  
9347 Ravenna Rd.  
Suite D  
Twinsburg, OH 44087  
Phone: 330-405-5437  
Fax: 330-362-1043

A Kid Again  
Philadelphia  
777-G Dearborn Park Ln  
Columbus, OH 43085  
Phone: 614-797-9500  
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A Kid Again  
Southwest Ohio  
9600 Montgomery Rd.  
Lower Level, Suite 4  
Cincinnati, OH 45252  
Phone: 513-232-5104  
Fax: 866-496-6077

## A KID AGAIN ENROLLMENT APPLICATION

Child with life-threatening condition's information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: M / F

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Name of 1<sup>st</sup> Parent/Guardian: \_\_\_\_\_

Name of 2<sup>nd</sup> Parent/Guardian: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

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

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

Do you have a Facebook page and what is the page name?: \_\_\_\_\_

Would you like to receive invitations via email, US Postal Service or both? \_\_\_\_\_

Are you foster parents for other children? \_\_\_\_\_

Sibling Information:

Last: \_\_\_\_\_ First: \_\_\_\_\_ M / F DOB: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ M / F DOB: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ M / F DOB: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ M / F DOB: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ M / F DOB: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ M / F DOB: \_\_\_\_\_

**Please note: We must receive a copy of the legal documents if you have custody of someone else's child or children or if you are a foster parent of a child prior to their participation in A Kid Again.**



### MEDICAL AUTHORIZATION

CHILD/ADOLESCENT

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

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

\_\_\_\_\_

Street

City

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State

Zip

Phone

I/We give permission to release medical and other pertinent information for the above named child to A Kid Again

\_\_\_\_\_  
Parent/Guardian Signature or Signature of Child if he/she is 18 years of age or older

**This section is to be completed by a qualified licensed medical practitioner (MD, NP, PA):**

The above named child **does** \_\_\_\_/**does not** \_\_\_\_ (check one) have a medical problem that **may** be considered to be life-threatening. (If a child has had an illness but now is in remission please mark "does".)

Diagnosis: \_\_\_\_\_

Physical and/or health limitations: \_\_\_\_\_

Does the child require a nurse/caregiver in attendance? \_\_\_\_\_

Does the child require a wheelchair? \_\_\_\_\_

To the best of my knowledge, the above named child may participate in "A Kid Again".

\_\_\_\_\_  
Qualified licensed medical practitioner signature (MD, NP, PA)

\_\_\_\_\_  
Date

Printed Name & Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_



## LIABILITY RELEASE AND AUTHORIZATION

Participating Child's Name: \_\_\_\_\_

By my/our signature(s) set forth below, and in consideration of A Kid Again, taking myself, my spouse, my children and any or all of my family on any "A Kid Again" outings, I hereby release A Kid Again and all of its agents, officers, servants, directors, employees, the donors, contributors, volunteers, and or participants from any liability whatsoever, in connection with the preparation, execution, and fulfillment of any and all outings on behalf of the above-mentioned child. The scope of this release shall include but not be limited to transportation, food, lodging, medical concerns (physical and emotional), entertainment, photographs and physical injury of any kind.

I/We \_\_\_\_\_, **Parents/Guardians of**

\_\_\_\_\_, **(A Kid Again Child's Name),**

**and (Siblings)** \_\_\_\_\_

By my/our signature set forth below, I/we further authorize A Kid Again, or any of its agents, directors, officers, servants, or employees to photograph, film and/or electronically record interviews with me/us in such a manner that they choose. I further authorize A Kid Again to distribute these recordings/films/pictures, now or at any time in the future to anyone including the general public, magazines, radio stations, TV stations, newspapers or public relations, and/or news stories, or public presentations. By my/our signature set forth below, I/we also give my/our permission for ourselves and/or children to participate in A Kid Again outings. **I hereby state that I/we have read the forgoing release and have executed it freely, voluntarily and without remuneration.**

A Kid Again maintains social media accounts on networks such as Facebook, Instagram, and Twitter. Through these networks, A Kid Again desires to share posts welcoming new participants and posting photos and other information of participants at outings. This may include information regarding the participant's medical condition. By my/our signature below, I/we authorize A Kid Again to post updates or photographs of me/my child on social media.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

At times, the administration of A Kid Again ("AKA") may initiate non-clinical research studies directed by our staff or through an outside research organization. These studies will help us evaluate AKA's program by surveying family satisfaction and by analyzing the impact on the medial/psychosocial outcomes of the children who AKA serves. The goal of these studies is to ensure that AKA's program is meeting the needs of the children and families it serves as well as to quantify its impact on treatment outcomes. By signing this consent form, you are agreeing to allow AKA staff members or their agents to contact you to discuss your family's experience with AKA or to seek your specific consent to participate in a research study analyzing outcomes. AKA and its agents will keep any information regarding your child's condition and treatment confidential, and neither AKA nor its agents will use or otherwise disclose information regarding your child's condition or treatment for any other purpose or to any other party.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



## PERSONAL INFORMATION (OPTIONAL)

Employment: During our Annual Corporate Fundraising Campaign we are routinely asked by corporations we are targeting if any of our parents work for that particular corporation. Corporations are more likely to support a cause if they know that it will benefit their employees. With that in mind, would you please fill in the information below? Answering these questions is optional.

Parent/Guardian #1 Employer: \_\_\_\_\_

Parent/Guardian #2 Employer: \_\_\_\_\_

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Household Information: We collect this data for grant applications in order to create more Adventures for our families. Grants may ask for demographic information such as household income, race, religion, school district, etc. Answering these questions is optional.

What is your annual household income?: \_\_\_\_\_

How many family members permanently reside at your address?: \_\_\_\_\_

Which school does your child/children attend?: \_\_\_\_\_

What is your enrolled child's race?: \_\_\_\_\_

What is your religious affiliation?: \_\_\_\_\_

How did you hear about us? (Facebook, another family, hospital, etc)?: \_\_\_\_\_