



A KID AGAIN ENROLLMENT APPLICATION

Please complete the below fields for the Child with a life-threatening condition and their family members. If you are enrolling more than one child with a life-threatening condition, please complete a separate application. Please submit all pages of this application together to your local chapter listed on the last page.

Enrolled Child Information:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Gender: Male Female DOB: ____/____/____

Full Name of Mother or Guardian#1: _____

Full Name of Father or Guardian#2: _____

If a Guardian listed above does not live at the same address, please specify name and address here:

Primary Phone #: cell home _____ Alternate Ph#: c h _____

Primary Email: _____

Secondary Email: _____

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: _____

Last: _____ First: _____ M / F DOB: _____

Are you foster parents for other children or any of those listed above? Yes No

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

Liability Waiver: By my signature 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.

Parent/Guardian Signature

Printed Name

Date



MEDICAL AUTHORIZATION FORM

Enrolled Child: Last Name: _____ First Name: _____

DOB: ____/____/____

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

Signature of Parent/Guardian, or Child if he/she is 18+ years old

Printed Name

This section must be completed by a qualified licensed medical practitioner (MD, NP, PA)

I affirm the above named child **does** have a medical condition that may be considered life-threatening. Yes No *(If a child has had an illness but is now in remission, select "yes")*

Primary Diagnosis *(qualified life-threatening):* _____

Additional Diagnoses: _____

Wheelchair required: Yes No

Nurse/Aide presence required: Yes No

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

Signature of medical practitioner (MD, NP, PA)

Date

Printed Name: _____

Phone: _____

Address: _____



ADDITIONAL LIABILITY RELEASE AND AUTHORIZATION

Enrolled Child: Last Name: _____ First Name: _____

Promotional Materials and Social Media:

In order to further its mission, A Kid Again, through its agents, directors, officers, servants, or employees, periodically photographs, films, and/or electronically records interviews with parents or guardians. Those materials may be distributed now or at any time in the future to anyone including the general public, magazines, radio stations, TV stations, newspapers, public presentations, social media, or other media outlets, or displayed on A Kid Again's website.

A Kid Again also 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 name and/or medical condition.

Accordingly (please select one of the following):

Yes! By my signature below I/we authorize A Kid Again to photograph, film, or electronically record me/us and distribute such materials as A Kid Again chooses. By my signature below, I also authorize A Kid Again to post updates or photographs of me/my child on social media which may include our names and/or my child's medical condition.

No. I do not authorize A Kid Again to photograph, film, or electronically record me/us and distribute such materials. I do not authorize A Kid Again to post updates or photographs of me/my child on social media. I understand that most A Kid Again events take place in a group setting. Therefore, **I understand that it is my/our responsibility to excuse ourselves and my child from situations** where it is reasonably understood that A Kid Again is photographing, filming, or electronically recording participants, and to promptly notify A Kid Again of my/our and my/our child's non-participation. In the event I/we do not excuse ourselves or promptly notify A Kid Again of our non-participation, I hereby waive my/our and my child's non-participation in that instance.

I hereby acknowledge that in no event will A Kid Again be held in anyway responsible for photographs, films, recordings, including social media posts, of me/us and my child taken by third parties at A Kid Again outings. I hereby state that I have read the forgoing release and have executed it freely, voluntarily and without remuneration. I give my permission for myself and/or children to participate in A Kid Again outings as outlined herein.

Research Studies:

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

Printed Name

Date



PERSONAL INFORMATION

Enrolled Child: Last Name: _____ First Name: _____

We collect this data for grant applications that will help provide more Adventures and support for our families. Grants may ask for demographic information such as income, race, religion, school district, etc.

Race of enrolled child: White/Non-Hispanic African American Latino Asian Middle Eastern
 American Indian/Alaska Native Pacific Islander Other _____

Name of School enrolled child attends: _____

Name of health insurance carrier: Anthem Aetna BCBS Cigna Humana UHC CareSource
 Other _____

Annual Household Income: 0-30k 31k-55k 56k-75k 76k-100k 101k-150k 150k +

Employer for Mother/Guardian#1: _____

Employer for Father/Guardian#2: _____

During our Annual Corporate Fundraising Campaign we are routinely asked by corporations 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.

Other languages spoken in the home: Spanish Arabic Mandarin French Somali Sign Language

Check the following if applicable: Military Family LGBTQ

How did you hear about A Kid Again? FB Twitter Other social media Another Family School
 Internet TV/Radio/News Hospital/Medical facility Other _____

If you have a Facebook page or other social media you'd like us to follow, please specify below.

FB Instagram Twitter Other _____

A KID AGAIN – CHAPTER CONTACT INFORMATION

Please send your full and completed application to your most local chapter via Email, Fax, or Mail. Please don't hesitate to contact us with questions.

Central Ohio Chapter
777-G Dearborn Park Ln
Columbus, OH 43085
Phone: 614-797-9500
Fax: 614-797-9600
centralohiochapter@akidagain.org

Northern Ohio Chapter
9347 Ravenna Rd. Suite D
Twinsburg, OH 44087
Phone: 330-405-5437
Fax: 330-362-1043
northernohiochapter@akidagain.org

Southwest Ohio Chapter
9600 Montgomery Rd.
Lower Level, Suite 4
Cincinnati, OH 45252
Phone: 513-232-5104
Fax: 866-496-6077
southwestohiochapter@akidagain.org

Indiana Chapter
8275 Allison Pointe Trail, #220
Indianapolis, IN 46250
Phone: 317-295-3178
indianachapter@akidagain.org

Philadelphia Chapter
100 Wissahickon Ave
Ambler, PA, 19002
Phone: 856-889-5605
Fax: 614-797-9600