



A KID AGAIN ENROLLMENT APPLICATION

An electronic form is also available at www.akidagain.org/enroll

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 A Kid Again's National office. Information listed on the personal information page.

Enrolled Child Information:

Last Name: _____ First Name: _____

Address: _____

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

Gender: Male Female DOB: ____/____/____

Primary Diagnosis: _____

Additional Diagnoses: _____

Wheelchair required: Yes No Nurse/Aide presence required: Yes No

Please provide the name of your medical provider (Doctor, Nurse Practitioner, Social Worker, Child Life Specialist, RN, etc)

Printed Name: _____ Phone: _____

Address: _____

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: If you select Yes and plan to have foster children attend Adventures, please submit documentation with your enrollment form indicating you are a legally registered foster parent/family.



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 _____

RETURN FORM INFORMATION:

Please send your full and completed application to A Kid Again's national office for processing. You will then be contacted by your local chapter representative:

A Kid Again – National Office
777-G Dearborn Park Lane
Columbus, Ohio 43085
Fax: 614-797-9600
Email: enroll@akidagain.org



LIABILITY RELEASE AND AUTHORIZATION

Enrolled Child: Last Name: _____ First Name: _____

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.

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.

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.

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