



Project Registration

We are excited to have your participation in our project! In order to best serve you, please take the time to complete the requested information.

Child's Name

Parent/Guardian's Name

Phone Number

Child's Age

Please Note: Supervision by 1 Parent/Guardian per child is required.

I permit the above child to participate in the Goodman's Kids Club Project. In addition, I authorize Goodman's to take photographs and/or videotape of the above named child and myself at the Goodman's Kids Club Project and agree that the same may be used by Goodman's for publicity and advertising purposes without any compensation to the above named child or to myself. I further release Goodman's from any liability arising out of the above named child's participation in the Goodman's Kids Club Project.

Parent/Guardian's Signature: _____

Date: _____