



MEMBER CARD APPLICATION

Membership has it's privileges!

Local area merchants have joined together with **KIDS Company** to create discounts and benefits especially for our members. Please fill in the information below, sign and return this form to KIDS Company to receive your member card **(parental release form must also be signed)**.

Your card is good for discounts and special privileges at establishments such as:

NEW RICHMOND BOWLING CENTER

GIBBY'S LANES

NEW RICHMOND THEATRE

COST CUTTERS

MR. MOVIES

MCDONALDS

PETE'S PIZZA

BURGER KING

We are, and plan to continue, expanding the discounts and privileges your member card offers.

----- PLEASE PRINT -----

Name: _____

Address: _____

School: _____ Grade: _____

Phone: _____

Emergency Phone Number: _____

Date of Birth: _____

By signing below, you agree to uphold the values, vision and conduct that KIDS Company promotes and to respect the privileges and certain rights granted to cardholders. You understand that failure to abide by the standards KIDS Company sets forth can cause your card and member privileges to be forfeited and said card will be confiscated.

Member Signature: _____

Date: _____

Mail to: **KIDS Company**
P.O. Box 143
New Richmond, WI 54017

PARENTAL RELEASE FORM



----- PLEASE PRINT -----

I, _____ hereby give my permission and release **KIDS Company** from any liability in events/outings in which my son/daughter _____ wishes to attend and/or participate in.

I understand the **KIDS Company** is a non-profit organization dedicated to providing alternative solutions and support to children by encouraging them to stay drug/alcohol and violence free through various outreach programs, outings, and events that reaffirm positive life choices and belief in themselves.

Parent Signature: _____

Date: _____

_____ KIDS Company has my permission to use my child's picture for promotional purposes.

_____ Please check here if you would like to donate your time to volunteer or chaperone future events/outing that **KIDS Company** may hold in which we may need additional volunteers.

If yes, please include phone number and best time to call: _____

Email: _____

Mail to: **KIDS Company**
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New Richmond, WI 54017