

After School Karate Medical & Emergency Contact Form

Child's Name: _____ Age: ____ Sex: ____ Male or ____ Female
Address: _____
City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Previous Martial Arts Experience: ____ Yes or ____ No
If yes, current rank (i.e. white belt, yellow belt, etc): _____
Style (circle one): Karate, Judo, Taekwondo, Kung Fu, Other.
Parent/Guardian: _____ Phone#: _____
Cell phone#: _____
Parent/Guardian: _____ Phone#: _____
Cell phone#: _____
Emergency Contact: _____
Relationship to child: _____
Phone#: _____
Cell phone#: _____
E-mail address: _____

Your e-mail address will be used only to communicate information regarding the After School Karate Program and not for solicitations. Please print.

Transportation Arrangement (fill out all areas that apply)

My child has permission to leave the *dojo* (Karate school) with the following people:

1. Name: _____

Relationship to child: _____

2. Name: _____

Relationship to child: _____

My child has permission to bicycle/walk to and from Karate alone ____ Yes or ____ No

Medical

Allergies: ____ Yes or ____ No If you checked yes, please request an Allergy Action form from the Karate school AND list information below.

Allergy: _____ Symptoms/management

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Allergy: _____ Symptoms/management

Dietary restrictions

____ Yes or ____ No If this box is checked, we will make every attempt to work within your child's specific dietary restrictions

My child has the following dietary restrictions:

Medications

___ My child does not take any medication on a routine basis.

___ My child will need to take medication while at the Karate school.

(If checked, you must request a Medication Authorization form from the *dojo*)

Does your child have any illnesses or injuries that may affect him/her while at the Karate school? If so, please explain:

Please describe any other information which maybe helpful to staff (i.e. special needs, fears, behaviors, etc.). If there is any additional information about your child that you would like to communicate to us, please attach written information to this form. Please send in this form and any other medication/allergy action forms well in advance of the start of Karate enrollment so we can make our staff aware of your child's special circumstances.

LIABILITY WAIVER FOR PARTICIPANT

As a participant (or as a parent of a participant under 18 years of age) in the Fonseca Martial Arts After School Karate Program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with the program(s), including transportation services/vehicle operation, when provided). I do hereby fully release and discharge Fonseca Martial Arts, their officers, agents, servants, and employees from any and all claims from injuries, including death, damages or loss, which I may have or which may accrue to me on account of my participation in the program(s).

I further agree to indemnify and hold harmless and defend Fonseca Martial Arts, their officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and loss sustained by me and arising out of, connected with, or in any way associated with the activities of the program(s).

I further understand that Fonseca Martial Arts' staff may photograph/videotape participants in Fonseca Martial Arts programs for promotional purposes. If you (or family members) don't want to be photographed or videotaped, please contact us at (847) 866-0200.

I HAVE FULLY READ AND UNDERSTAND THE FOREGOING.

Parent Signature: _____

Printed Name: _____ Date: _____

Please be sure to sign this form and fax to 847-556-6551 or mail to
Fonseca Martial Arts 823 ½ Chicago Ave, Evanston, IL 60202