

Karate Arts After School Enrollment Form

Student Name _____ Date of Birth ___/___/___ Age _____

School Name _____ School Address _____

City/State/Zip _____ School Phone Number _____ - _____ - _____

Home Phone# _____ - _____ - _____ Work # _____ - _____ - _____ Cell _____ - _____ - _____

Grade/teacher _____ Email: _____

Parent/Guardian Information

Name _____

Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Home Phone # _____ - _____ - _____

Home Phone # _____ - _____ - _____

Work Phone # _____ - _____ - _____

Work Phone # _____ - _____ - _____

Mobile Phone # _____ - _____ - _____

Mobile Phone # _____ - _____ - _____

Emergency Contact If Parents or Guardians Unavailable

Name _____

Home Phone # _____ - _____ - _____

Address _____

Work Phone # _____ - _____ - _____

City/State/Zip _____

Mobile Phone # _____ - _____ - _____

Please list any Medical Conditions the staff needs to be aware of. (Information Kept Confidential)

I give permission for my child to be picked up by the following people other than parents.

Name _____

DL# _____

Name _____

DL# _____

In case of an Emergency, if I cannot be reached, I hereby authorize Karate Arts and its agents to have my Child or Children _____

Treated by the physician listed below or a physician of their choice.

Physician's Name _____ Phone # _____ - _____ - _____

Hospital Preference _____ Phone # _____ - _____ - _____

Karate Arts reserves the right to dismiss any students, at any time for misconduct or actions which may convey a bad image for the Arts.

In consideration for my attendance and participation in the martial arts training offered by Karate Arts, I, the student or legal guardian acknowledge the existence of certain inherent risks in this type of training and here by agree to assume all risks. I further relieve, Karate Arts, it's management, assigned staff, instructors, St. Andrew's Church, and fellow students from any liability resulting from loss, whether personal belongings or injury or death under reasonable supervision. I also hereby state, that my child(ren) are physically fit to take the prescribed course of instruction and do so of my free will in exchange for an agreed upon fee. I understand there is no refund policy on any money I pay Karate Arts.

Student, Parent/Guardians

Signature _____ Date ___/___/___