



Student Enrollment After School / Summer Camp

Start Date: _____

Student Name _____ Home Phone _____

Address _____

City, State, Zip _____

Age _____ Boy/Girl _____ Grade _____ Date of Birth _____

Primary Parent or Guardian _____ Relationship _____

Home Address _____ Phone # _____

Place of Work or Business _____

Other contact numbers _____

Secondary Parent or Guardian _____ Relationship _____

Home Address _____ Phone # _____

Place of Work or Business _____

Other contact numbers _____

School they attend: _____ Phone # _____

School Address _____

_____ To be picked up from school

Initial

Persons to call in case of an emergency if parents/guardians cannot be reached:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Authorization for Emergency Medical Attention:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the following if possible, or hospital of their choice.

Name of Licensed Physician _____ Phone # _____

Address _____

Name of Hospital or Clinic _____ Phone # _____

Address _____

I give my consent for necessary emergency treatment when my child is in the care of this physician and/or hospital or clinic.

Signature - Parent or Legal Guardian

Date

Please Complete the Reverse Side of this Form

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, and medication prescribed for long term continuous use and any other limitations or restrictions:

I hereby authorize the facility to allow my child to leave the facility with the following persons:

Name and phone #

My child has permission to be released to the care of his/her siblings under 18 years old

Name of Siblings: _____

_____ My child's immunization record, vision and hearing screening records are current and on
Initial file at: _____ (school they attend)

_____ I acknowledge receipt of the operational policies (Parent Handbook) including those for
Initial discipline and guidance.

Transportation and Field Trips

I hereby give do not give my consent for my child to be transported by The Karate School for Field Trips and from the School they attend

I hereby give do not give my consent for my child to participate in water activities

Swimming Pools

My child needs Floaties or a Life Jacket
Parent should supply floaties and life jacket

I hereby give do not give my consent for The Karate School to apply sunscreen and/or mosquito spray when going on field trips

I give permission for my child _____ to be picked up from school by The Karate School and attend any planned field trips with The Karate School. I realize that the staff and directors will do everything in their power to protect my child during these trips, however; I will not hold them responsible and waive all claims against The Karate School (The Davis Karate Schools, Inc) for any accidents that may occur during these times.

Signature - Parent or Legal Guardian

Date

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