



REGISTRATION AND MEDICAL INFORMATION For After School program

PLEASE PRINT

Child's Name _____ Age _____
Last First

Birth Date: (/ /) Gender: M / F

School _____ E-mail _____

Home Address _____

Home Phone number () _____

Mothers name _____ Mothers home phone () _____

Mothers work phone () _____ Mothers cell phone () _____

Mothers address (if different from above) _____

Fathers name _____ Fathers home phone () _____

Fathers work phone () _____ Fathers cell phone () _____

Custody: Both Mother Father Other _____

Does the child reside with Both Mother Father Other _____

If Child lives with Other please list information below:

Guardians Name _____ E-mail _____

Guardian's address _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____

Should an emergency occur and we cannot reach you please give us the information of two people who can assume responsibility for your child.

Name _____ Relationship to Child _____

Address _____

Home phone() _____ Work phone () _____ Cell Phone () _____

Name _____ Relationship to Child _____

Address _____

Home phone() _____ Work phone () _____ Cell Phone () _____

Emergency Medical Information

Please indicate any relevant medical or miscellaneous information about your child _____

Please list any food allergies _____

Physician _____ Phone _____

Dentist _____ Phone _____

Hospital Preference _____ Phone _____

PARENT AUTHORIZATION: In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by above named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and the transfer of the student to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

REFUSAL TO CONSENT: I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the DARIMAR staff to take the following action:

Parent/Guardian Signature _____ Date _____

Code of Conduct

My child _____ and I, _____, both agree that if he/she is not following the rules and abiding by the directions given to him/her at Darimar Martial Arts After School Program, the Darimar Staff has the right to ask him/her to not return to Darimar Martial Arts After School Program. Parents will be notified, using the contact numbers provided, if there are any problems (behavioral or other) deemed serious enough for removal of the child for either the day or the remainder of Darimar Martial Arts After School Program. If there is a removal from Darimar Martial Arts After School Program, there will be no refund for the days in which the child was unable to participate.

Parent's Signature _____ Date _____

Child's Signature _____ Date _____

Waiver of Liability/ Release

I hereby grant permission for my child, _____ (child's name) to participate in the Darimar Martial Arts After School Program. I understand and acknowledge that my child's participation in the program will involve some strenuous physical activity and some physical contact, and may be hazardous and could result in personal injury. Recognizing and assuming the risks involved therein, I hereby waive liability as to, and relinquish all rights that I have now or may have in the future against DARIMAR Martial Arts, Inc., its officers, and employees, teachers, and counselors, from all liability and for any and all damages and injuries suffered by my child while under instruction and/or supervision of DARIMAR.

In addition, I agree to indemnify and hold DARIMAR and its employees harmless from and against any and all claims, demands, fines, suits, actions, orders, or damages of any kind that may arise or result out of or from my child's participation in the Darimar Martial Arts After School Program.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent/Guardian Signature _____ Date _____