



SUMMER CAMP 2021

KARATE KID REGISTRATION AND LIABILITY RELEASE

Enrolled Date: _____

Child's full legal name: _____ Child's preferred name: _____

Date of Birth: ___/___/_____ Age: _____ Sex: M F T-Shirt Size: _____

Child's Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Father's Name: _____ Mother's Name: _____

Father's Workplace: _____ Mother's Workplace: _____

Father's Work #: _____ Mother's Work #: _____

Father Cell #: _____ Mother's Cell #: _____

Emergency Contact: _____ Telephone #: _____

Medical Insurance Company: _____

Policy #: _____ Group #: _____

How did you hear about us? _____

Did a current SMA student refer you to us? Yes No Name of Student _____

Is there any information about the student that the SMA staff should be aware of?
(ex. Learning disabilities, physical impairments, emotional issues)

RELEASE FORM

I, _____, understand that Southern Martial Arts LLC, Karate Kids, its instructors, owners and staff are not responsible in any way for personal injuries that may occur before, during or after martial arts classes or any activities taking place on the premises owned by the above mentioned.

I understand that Southern Martial Arts LLC, Karate Kids, its instructors, owners and staff, do not carry any medical insurance for students or persons participating in class or doing any activity on the premises.

I understand that I must have my own medical insurance to participate in karate classes or any function that occurs on the premises owned by Southern Martial Arts.

I understand that karate training does involve physical contact in sparring and other training drills, and that participation is at one's own risk.

A student may choose not to participate in any class function that requires physical contact (sparring, etc.) with another person. A student's parent may choose this option if the student is under 18 years of age.

I understand that violation of any agreement on this release form can result in immediate dismissal from participation in karate classes or functions held by Southern Martial Arts.

I have read all of the above and fully agree to and understand my commitments to the conditions stated in this signed document.

Parent's Signature: _____ Date: _____

(For office use only) ____Draft ____ID Badge ____Attendance List ____ Payments List ____Email List ____Uniform ____ Water Bottle

CHILDS RELEASE RECORD

Child's Name: _____

The following people are authorized to remove the child from the facility if the custodial parent(s) cannot be reached
(IDENTIFICATION REQUIRED):

Name: _____ Relationship to Child: _____ Telephone Number: _____

Name: _____ Relationship to Child: _____ Telephone Number: _____

HEALTH QUESTIONNAIRE

List any known allergies to food or the environment that Southern Martial Arts should be aware of.

What is the allergic reaction?

Is there anything else, medical or otherwise that we need to know about your child?

Child's Physician: _____ Telephone Number: _____

Child's Dentist: _____ Telephone Number: _____

Preferred Hospital: Spartanburg Regional -or- Mary Black

I authorize a Karate Kids representative to obtain medical treatment for my child in case of serious illness or injury and agree to pay for such treatment.

_____ **DATE:** _____

(Signature of Parent/Guardian)

SOCIAL MEDIA

_____ I give permission for photos to be taken of my child(ren) and from time to time be posted to Facebook, website, and any flyers.

_____ I do not give permission for photos to be taken of my child(ren).

PLEASE INITIAL THE FOLLOWING

_____ I understand it is necessary to pick my child(ren) up by 6:00pm. Failure to do so will result in a late fee of \$10 from 6:01-6:15pm. After 6:15pm an additional \$1 per minute will be added.

PERMISSION TO RIDE

I grant permission for my child(ren) to ride on the Karate Kid bus on any field trip scheduled during the Summer Camp program.

_____ **DATE:** _____

(Signature of Parent/Guardian)