

Child Information

Child's First Name: _____ M.I. _____ Last Name: _____ M/F _____
Address _____ Home Phone: _____
City _____ State _____ Zip _____ Birthday _____ School _____
Mother's (or Guardian) First Name: _____ Last Name: _____
Address _____ Home Phone: _____
City _____ State _____ Zip _____ Cell Phone: _____ Email: _____
Employed By: _____ Work Phone: _____
Father's (or Guardian) First Name: _____ Last Name: _____
Address _____ Home Phone: _____
City _____ State _____ Zip _____ Cell Phone: _____ Email: _____
Employed By: _____ Work Phone: _____
Family Doctor: _____ Phone: _____

General Health Questions

Allergies, if any: _____ ; _____
Medication, if any: _____ Side effects: _____
Will this medication be taken while at Champion Camp? _____
If yes, you will need to supply the staff with medication paperwork and directions.
Any known medical problems: _____
Any recent operations, accidents, broken bones, vision or hearing conditions, or illnesses we should be aware of: _____
Any activities your child should not engage in? _____
Date of last tetanus shot: _____

In case of EMERGENCY, we should contact the following person if parents cannot be reached:

A. _____ Phone: _____ Relationship: _____
B. _____ Phone: _____ Relationship: _____
C. _____ Phone: _____ Relationship: _____

Authorized person to pick your child up from Champion Sport Karate: Including parents/guardians

1. _____ Phone: _____ Relationship: _____
2. _____ Phone: _____ Relationship: _____
3. _____ Phone: _____ Relationship: _____
4. _____ Phone: _____ Relationship: _____
5. _____ Phone: _____ Relationship: _____



Authorization for Emergency Medical Care

I (we) expect to be notified at once in case of accident or illness to my (our) child; I (we) will make arrangements for medial care of my (our) child with the physician or hospital of my (our) choice; If I (we) cannot be reached to make the necessary arrangements, I (we) hereby authorize Champion Sport Karate/Champion Camp to contact:

Dr. _____ at _____
Address Phone

Or the nearest hospital for emergency medical treatment of _____
Childs Name

Furthermore, I certify that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children in the Champion Sport Karate program(s).

Parent's Signature: _____ Date: _____

Transportation Release

Parent or guardian: This form must be completed in order for your child to be transported to activities to and from Champion Sport Karate. Transportation will be provided by Champion Sport Karate not a private provider. The signing of the permission slip releases and indemnifies Champion Sport Karate and it's employees from all liabilities, damages and any claims made by the child or on behalf of the child, including medical expense incurred, should serious injury, loss of property, damage or death occur as a result of his/her participation in the transportation program. We fully understand the nature of the transportation services and the risk of serious injury, loss of property, damages or death associated with these services.

The undersigned hereby releases, waives, discharges and covenants not to sue Champion Sport Karate and employees (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned where caused by the negligence of the releases or otherwise while the undersigned is in, upon or about he premises or any facility or equipment therein, or participating in any program affiliated with Champion Sport Karate without respect to location.

The undersigned hereby agrees to indemnify and save, and hold harmless the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon or about the Champion Sport Karate premises or in any way observing or using any facilities or equipment of the association or participating in any program affiliated with Champion Sport Karate whether caused by the negligence of the releasees or otherwise.

The undersigned hereby assumes full responsibility for and risk of bodily injury, death, or property damage due to the negligence of the releasees or otherwise while in, about, or upon the premises of Champion Sport Karate and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with Champion Sport Karate.

The undersigned further expressly agrees that the forgoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue to full legal force and effect.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representation, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE (Parent and/or Guardian)

Printed name of participant

Signature of parent or guardian

Date