

YOUTH MARTIAL ARTS REGISTRATION FORM

Child's Name _____ Gender _____ Birthdate ____/____/____ Age _____
Street Address _____ City _____ State _____ Zip code _____
School Child Attends _____ Grade _____ How did you hear about us? _____

Parent 1/Guardian's name _____ Place of Employment _____
Home Phone(____) _____ Work Phone(____) _____ Cell Phone(____) _____
Parent 2/Guardian's name _____ Place of Employment _____
Home Phone(____) _____ Work Phone(____) _____ Cell Phone(____) _____
Parent/Guardian with legal custody of child _____

Email Address _____

EMERGENCY CONTACTS (if parent/guardian CAN NOT be reached)

1) Name _____ Relationship to Student _____
Address _____ Home Phone(____) _____ Work Phone(____) _____ Cell Phone(____) _____

2) Name _____ Relationship to Student _____
Address _____ Home Phone(____) _____ Work Phone(____) _____ Cell Phone(____) _____

Persons authorized to pick up child: _____

Persons NOT authorized to pick up child: _____

HEALTH INFORMATION & CHARACTERISTICS

Allergies	YES	NO	Medications	YES	NO	Seizures	YES	NO
Comments: _____			Type and Dosage _____			Comments: _____		
Dietary restrictions	YES	NO	Physical limitations/restrictions	YES	NO	Easily upset	YES	NO
Comments: _____			Comments: _____			Comments: _____		
Chronic conditions/illnesses	YES	NO	Any unusual fears	YES	NO	Hyperactive	YES	NO
Comments: _____			Comments: _____			Comments: _____		
Physically aggressive	YES	NO	Withdrawn, shy	YES	NO			
Comments: _____			Comments: _____					

Child's Physician _____ Physician's Phone _____

Please List any needed special assistance or accommodations:

AGREEMENT TO RELEASE ASSUMPTION OF RISK, AGREEMENT TO HOLD HARMLESS

The undersigned is aware that there are certain inherent risks involved in participating in an Evolve All program, included but not limited to, the risk of theft or of damage to my property and the risk of personal injury from participation in the program activities and transportation. In consideration of my being granted permission to participate in these activities and to use the facilities of Evolve All and/or other activities and services provided by its agents and employees, including food service and transportation. I, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify Evolve All and all it's officers, departments, agencies, agents and employees from any and all claims, lessees, damages, injuries, fines, penalties and costs (including court costs and attorney's fees), charges liabilities, or exposures, however caused, resulting from or arising out of or in any way connected to my or my family's participation in the program. I have read and understand this Hold Harmless Agreement and by my signature agree to it's terms.

PHOTO RELEASE

I hereby give my permission without restriction to the Evolve All and it assignees to photograph or videotape my child during participation in Evolve All programs. I specifically waive any right to compensation with respect to my child's name, likeness, picture and/or voice. The purpose of this release is to facilitate publicity for any Evolve All programs.

Parent/Guardian Signature _____ Date _____