



After School

Please fill out, sign and return to an instructor. Payments should be made out to Integrity Martial Arts LLC.

General Information (Parent or guardian)			
Last Name	First Name		
Address			
City	State	Zip	
Home Phone	Work Phone		
Alternate Emergency Contact (<i>name, phone</i>):			
Days Attending: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
Participant(s) Information			
First Name	Last Name	Age	Birthday
Payments are due every Monday , except holidays (payment due the following Tuesday)			

Liability Waiver and Consent to Participate

I do hereby give my permission and consent for myself and/or my child(ren) to participate in programs and activities sponsored by Integrity Martial Arts LLC as set forth on this Registration Form. I understand that the activity for which I have completed this Registration Form may involve some risk of injury. I further understand that I and/or my child(ren) is participating at mine and/or his/her own initiative, risk, and responsibility. I have had all my questions answered for me regarding the programs and activities, and I have received full disclosure of what the activities will be from Integrity Martial Arts LLC.

Therefore, in consideration of permission extended to me by Integrity Martial Arts LLC, through its officers and agents, to allow myself and/or my child(ren) to take part in these programs and activities, I do hereby for my child(ren), myself, and our heirs, personal representatives and assigns, knowingly and intentionally remise, release, and forever discharge and agree to hold harmless and to indemnify and defend Integrity Martial Arts LLC and all of its officers, agents and employees, acting officially or otherwise, from any and all claims, demands, actions, or causes of action on account of any injury or death to myself and/or my child(ren), or damage to my and/or my child(ren)'s property which may occur from any cause during said programs or in connection with any activities incidental thereto.

Emergency Medical Care

I further authorize Integrity Martial Arts LLC, its officers, agents and employees to arrange emergency medical care for myself and/or my child(ren), solely at my expense, should it become necessary to do so in the event of injury to myself or child(ren).

I have read the above statement and agree to its terms.

Signed:

By

Date:

Signature of parent or guardian/Self



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Authorized Persons

Please list below the person or persons allowed to pick up your child(ren).

Name	Phone	Relationship

Please list any medication, allergies or medical conditions your child may have

To best provide for the safety and well-being of your child, please list any medical or other issues your child may have. This information will be kept in strict confidence.