

Evening Enrollment Form

Student's Name	Date of Birth	Home Telephone Number	
Address	City	State	Zip Code
Date of Admission	Email Address		
Mother's Name	Address (if different from child's)		
Father's Name	Address (if different from child's)		
Mother's Work Number/Cell Number	Father's Work Number/Cell Number		
Name of person to contact in case of an emergency if parents cannot be reached:	Telephone Number & Address	Relationship	
I hereby authorize the faculty to allow my child to leave the facility ONLY with the following persons and their phone number:			

List any special problems that your child may have, such as allergies, existing illnesses, injuries during the past months, any medications prescribed for long-term use, and any other information which the staff should be aware of:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Name of Licensed Physician	Address	Telephone Number
Emergency Medical Care Facility	Address	Telephone Number

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic or any hospital/clinic available if not in the local area.

I also give consent to CTFK to administer first aid treatment and give any prescription medications provided by me.

_____ **Signature** _____ **Date**

**Where did you hear about CTFK? (Newspaper ad, current student, etc.) _____

Office Use Only

Start Date _____ Reg Fee _____ Tuition _____ Uniform _____ Tshirt _____

Central Texas Family Karate

The Art of Bainton Bujutsu

AGREEMENT AND RELEASE OF LIABILITY

READ CAREFULLY BEFORE SIGNING

(Parent's initials unless student is over 18)

I, _____ (Child's name), warrant and represent that I am in good physical condition and that I have no disability or ailment, (including pregnancy) which may prevent me from engaging in weight training, active or passive exercise or that will be detrimental to my health, safety, or physical condition if I engage or participate in such exercise and/or other activities with Central Texas Family Karate, I further warrant that if I have a prior history of disability, impairment, or ailment and engage or participate in such exercise and/or activities at Central Texas Family Karate, I do so at my own risk.

(Parent's initials unless student is over 18)

I further acknowledge that physical exercise is a potentially dangerous activity and that I am voluntarily participating in the activities sponsored by Sensei Scott Bainton and Central Texas Family Karate with the knowledge of the dangers involved that include, but are not limited to, soft tissue injuries such as muscle strains and torn ligaments, broken bones, physical exhaustion, over-exertion, falls and physical contact with other participants and associates and users of the facilities. Knowing and appreciating these risks, I hereby agree to accept all risks of injury and death.

(Parent's initials unless student is over 18)

I further understand that Central Texas Family Karate does not carry medical insurance and that to do so would make the cost of Central Texas Family Karate prohibitive. I understand and fully agree, that I am responsible for my own medical insurance and health care and realize that martial arts is a **POTENTIALLY DANGEROUS ACTIVITY**. Knowing this I voluntarily agree to participate in martial arts activities sponsored by Central Texas Family Karate. I agree to accept any and all risks of injury related to such martial arts practice and fully understand that I am responsible for my own medical insurance.

(Parent's initials unless student is over 18)

Upon registration in this program I do hereby **RELEASE** for myself and my heirs, my executors and administrators, and **WAIVE** any and all rights to claims for damages arising from any illness, injury, or occurrences of aggravation thereof as a result of participating or connection with said programs, the owner, instructors, representatives, or facility, Central Texas Family Karate and/or all persons in the aforementioned employ, and agents of, or persons related there to.

(Parent's initials unless student is over 18)

I understand that Central Texas Family Karate is not a daycare facility and is not licensed as such through the Texas Department of Family and Protective Services.

(Parent's initials unless student is over 18)

I have carefully read this agreement and fully understand its contents. I am aware this is a release of liability and contract between myself and Central Texas Family Karate. I am also aware that there are **NO REFUNDS FOR ANY PROGRAM** conducted by Central Texas Family Karate. Any photographs or images of my likeness taken for or by Central Texas Family Karate may be used on any promotional or informational literature, web site, advertisement, or display without further consent or restitution. I sign this agreement of my own free will and with all my faculties and this release shall be binding upon my heir, successors, and legal representatives.

(Parent's initials unless student is over 18)

Student Name:(print) _____

SIGNATURE(if student is over 18): _____ DATE: _____

I am the parent or guardian of the minor whose name appears above. I consent to the above terms on his/her behalf, and warrant that I have the authority to give consent and understand the content thereof.

SIGNATURE: _____ DATE: _____