

STUDENT INFORMATION FORM
2011 – 2012 SCHOOL YEAR

NAME; _____ MALE/FEMALE
(Please Last Name First) (First Name) (MI)
SCHOOL ATTENDING _____ TEACHER NAME _____

HOME ADDRESS _____ DOB ____/____/____
CITY _____ STATE _____ ZIP _____ HOME PHONE (____) _____ - _____

DATE YOU WOULD LIKE EHKA TO START PICK-UP _____

ALLERGIES _____

MEDICAL HISTORY-GENERAL HEALTH EXCELLENT GOOD FAIR POOR

DOES HE/SHE HAVE MEDICAL PROBLEMS? YES NO IF YES PLEASE EXPLAIN:

IS HE/SHE ON OR TAKING ANY MEDICATION? YES NO FOR WHAT PURPOSE?

NAME OF CHILD'S PHYSICIAN _____ PHONE # _____
ADDRESS: _____

DATE OF LAST PHYSICAL EXAM: _____

MOTHER NAME _____ BUSINESS PHONE: (____) _____ - _____

BUSINESS NAME & ADDRESS _____ CELL #: (____) _____ - _____

FATHER NAME _____ BUSINESS PHONE: (____) _____ - _____

BUSINESS NAME & ADDRESS _____ CELL #: (____) _____ - _____

NAME OF PERSON TO BE CONTACTED IN CASE OF EMERGENCY IF PARENTS CANNOT BE REACHED

PHONE NUMBER (____) _____ - _____

RELATIONSHIP TO CHILD _____

THE BOTTOM PORTION OF THIS FORM, MUST BE NOTARIZED

WAIVER OF LIABILITY (Parent or Guardian must sign in presence of notary)
The Earl Harris Karate Academy, their employees, volunteers, representatives, are hereby released and discharged from any and all claims, actions, causes of action or claim to damages, which might arise because of participation of (name of child) _____ in the Earl Harris Karate Academy, Karate After School program in any and all associated activities by the undersigned, Parent or guardian and any and all heirs or administrators. Furthermore, I do hereby give my permission for (name of child) _____ to travel with a representative of Earl Harris Karate Academy from school to Earl Harris Karate Academy. Furthermore, I give my permission as parent or guardian of (name of child) _____ to have him/her treated in the event of an emergency or illness.

SIGNATURE OF PARENT OR GUARDIAN _____

Subscribed and sworn before me this _____ day of _____ 200_____

NOTARY SIGNATURE _____

My commission expires ____/____/____