



Parent & Child Identification

See our other **Dietrich Karate** programs at www.tkdsites.com/dks.com (703) 425-KICK

Parent & Child Identification

Today's Date _____

Child's full legal name _____ Nickname _____ Date of Birth _____

Address: _____ City _____ State _____ Zip _____

Who has legal custody of child? _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____ Email _____

Parent 1 name _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____ Email _____

Parent 2 name _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____ Email _____

Emergency Information (2 emergency contacts other than parents)

Has child and parent attended Stranger Danger Workshop? Yes ___ No ___ If yes; Family Safety Code _____

Contact # 1 _____ Relationship to child _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____ Email _____

Contact # 2 _____ Relationship to child _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____ Email _____

Agreements

1) If swimming/wading activities are included in the program, my child is allowed to participate and his/her swimming ability is

() Nonswimmer () Beginner Swimmer () Experienced Swimmer

2) I give my child permission to apply sunscreen to him/herself and I will be supplying my child with sunscreen. If my child has an adverse reaction to the sunscreen, take these actions: _____

3) I agree to inform the center within 24 hours if my child or any member of my household develops a reportable communicable disease (immediate notification required if disease is life threatening)

4) Dietrich Karate shall notify parent(s)/guardian(s) whenever their child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible.

5) I hereby grant approval for my child to be photographed and/or videotaped by Dietrich Karate to be used for the purpose of promoting and publicizing Dietrich Karate programs.

6) I hereby authorize Dietrich Karate and /or designated contractor to seek medical treatment for my child, at the nearest facility in the event medical care is required. In the event non-emergency medical care is required, I authorize Dietrich Karate to seek medical treatment through my child's physician. I understand that I am responsible for medical expenses incurred by my child.

I have read the policies for the program and agree to adhere to them. I certify the information above is complete and correct.

Parent/Guardian Signature _____ Date _____