

ENTERPRISE YOUTH KARATE

Participation Registration Form for Ages 4 Years and Older

PLAYER INFORMATION

Player's Name _____ Gender _____ DOB (MM/DD/YY) _____
School _____ Grade _____
Emergency Contact (Other than Parent) _____ Phone _____
List Any Medical Problem/Condition or Limitation Player Has _____

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian _____
Mailing Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____
Email Address _____

CONSENT FOR MEDICAL TREATMENT

As a parent or legal guardian of the above named registrant, I hereby give my consent for emergency medical care prescribed by a fully licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are deemed necessary to preserve the life, limb or well-being of the registrant. By signing below I authorize transportation by ambulance by EMS personnel.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

ADMINISTRATIVE USE ONLY

Karate \$99 (Students 4 years old by 06/07/2017)

Fee's Paid \$ _____ Received by: _____ Date Rec'd _____ Cash or Check# _____

Refer to back side for Liability Release Form and Signature