

Yoseikan Karate Dojo Student Information

Contact Information

Participant Name _____		Date of Birth _____		Parent/Guardian/Emergency Contact Name _____	
() _____	() _____	() _____	() _____		
Home Phone _____	Cell Phone _____	Home Phone _____	Cell Phone _____		
Address _____		Address (if different from participant) _____			
City, State ZIP Code _____		City, State ZIP Code _____			
Email _____		Email _____			

Medical Information and Authorization for Treatment

Hospital/Clinic Preference _____

Physician's Name _____	Phone Number _____
Insurance Company _____	Policy Number _____

Allergies/Medicines/Special Health Considerations _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for the participant. **This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.**

Participant (if over 18)/Parent's/Guardian's/Emergency Contact Signature _____ Date _____

Assumption of Risk Affidavit

I _____, hereby acknowledge that I am fully aware that the karate training that I or my child have freely and voluntarily agreed to undertake at the Yoseikan Karate Dojo located at the Marshall Township Municipal Building, inherently involves risk of personal injury. In partial consideration for the value of receiving such training, I hereby acknowledge and assume any and all risk of injury. Further, I hereby waive any and all rights to bring any action at law as a claim for compensatory and/or punitive damages for any such personal injuries or damages, suffered by me as a consequence of such training by myself, child, or my heirs, successors or assigns against Yoseikan Karate Dojo, their owners, officers, instructors, members or agents. Further, I hereby acknowledge and assume the risk of personal injury and waive any and all legal claims against the Koshin-ha Chito-kai, its owners, officers, instructors, members or agents.

STOP!

By signing below, you acknowledge that you have read, understand and accept this assumption of risk and agree to entirety of the content herein. Read, understood and agreed:

Participant (if over 18)/Parent's/Guardian's Signature _____	Date _____
Print Name _____	
Witness Signature _____	Date _____
Witness Print Name _____	