

FALBO'S FAMILY KARATE
TASK PROGRAM ENROLLMENT & APPROVAL
Please Remit with \$50/\$80 Family Registration

NAME _____ Age _____ Which Days Attending TASK _____

School _____ Grade _____ Teacher (when released) _____

NAME _____ Age _____ Which Days Attending TASK _____

School _____ Grade _____ Teacher (when released) _____

ADDRESS _____

Mother's Name _____ Home Phone _____ Cell _____

Work Phone _____ Email _____

Father's Name _____ Address if different _____ Cell _____

Work Phone _____ Email _____

MEDICAL INFORMATION (ALLERGIES, NOSEBLEEDS, MEDICATIONS, ETC.) OR OTHER INFORMATION REGARDING YOUR CHILD(REN).

IN THE EVENT OF AN EMERGENCY REQUIRING IMMEDIATE ATTENTION, THE STAFF OF THE TASK PROGRAM HAS AUTHORIZATION TO SECURE ANY NECESSARY MEDICAL TREATMENT

PHYSICIAN'S NAME _____ PHONE _____

EMERGENCY CONTACT(S) WHEN PARENTS CANNOT BE REACHED

NAME: _____

Relationship to Child: _____ Phone: _____

NAME: _____

Relationship to Child: _____ Phone: _____

NAME OF ADDITIONAL PERSONS CHILD MAY BE RELEASED TO

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

CHILD MAY NOT BE RELEASED TO

NAME: _____ RELATIONSHIP _____

FALBO'S TRANSPORTATION AFTER SCHOOL KARATE AUTHORIZATION

For billing purposes, please fill out the following information for pre-paid account (charged weekly), board breaking fees (monthly), late pick up fees, testing's and incidentals. These charges are separate from the weekly TASK rates. We will be unable to process American Express.

Credit Card # _____ Exp Date: _____

Address Number: _____ CVC Code: _____ Billing Zip Code: _____

Checking Routing # _____ Checking Account # _____

Snack Rules: _____ I will bring own snacks and/or _____ I will set up Prepaid Account so he/she can purchase \$.75-1.25 snacks. How much \$ can they spend per day? _____.
What are the limitations on type of snacks? _____
Are they allowed soda on Friday? _____ Are they allowed candy on Friday _____

Transportation: I give permission for my child to be transported and supervised from school to the karate school and other scheduled events within the after-school program.

Receipt of TASK Parent Checklist: I acknowledge receipt of the TASK Parent Checklist and agree to the conditions and policies described in the document.

Signature – Parent or Legal Guardian

Date

By signing above, I am approving all financial obligations, knowledge of the operational policies and approval of the transportation of my child.

Liability Waiver:

I give my permission for my child, _____, to attend the after-school karate program offered by Falbo's Family Karate. I realize the staff and instructors will do everything in their power to protect my child when in their care. I will not hold them responsible and waive all claims against Falbo's Family Karate for any accidents that may occur when my child is in their care. I am aware that Falbo's Family Karate carries a liability insurance policy but does not provide medical coverage for my child in the event of an injury.

Signature – Parent or Legal Guardian

Date

Print Name