

**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: \_\_\_\_\_

**Snack Rules:** \_\_\_\_\_ I will bring own snacks \_\_\_\_\_ I will set up Prepaid Account so he/she can purchase \$.50 snacks. How much \$ can they spend per day? \_\_\_\_\_. What are the limitations on type of snacks? \_\_\_\_\_  
Are they allowed to have sodas? \_\_\_\_\_ Are they allowed to have candy on Fri \_\_\_\_\_

**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.

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**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.

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**Signature – Parent or Legal Guardian**

**Date**

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**Print Name**