



AFTER SCHOOL INFORMATION

(Please print clearly)

Student/School:

Full Name _____ Nickname _____ Age _____
School _____ Grade _____ Pick Up Bell Time _____
Parent's Preference for Downtime Activities _____

Card Holder/Parent/Guardian:

Full Name _____ Email _____
Address _____ City _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact/Authorized Pick Up: (In addition to parent/guardian listed above)

Full Name _____ Relationship _____ Phone _____
Full Name _____ Relationship _____ Phone _____
Full Name _____ Relationship _____ Phone _____

If the student is being picked up from our dojo by anyone else, they must be added to this list first. There will be a pass code. If the student is not getting on our SideKick Karate bus at their school departure time for any reason, please call and speak to a staff member or text and receive a verification text from a staff member of SideKick Karate at 704.202.6454 by 12:00 noon.

Student Medical Insurance:

Policy Holder _____ Insurance Co. _____
Member ID# _____ Group# _____
Ins. Co. Address _____ Phone _____

Student Medical History:

My child has current immunization records on file at school

List any medications your child is taking _____

((If medication is required during after school program hours, please request a medication release form))

List all known allergies _____

List all foods that are prohibited _____

List date and nature of any serious injury _____

List any chronic illness/disability/disorder _____

Doctor Name _____ Phone _____

Hospital Preference _____ Phone _____

Waiver/Release:

This medical health history is correct to the best of my knowledge and the person (student) described has permission to engage in all SideKick Karate activities including exercise and martial arts. I hereby give permission to SideKick Karate staff to obtain medical aid from a qualified physician or hospital.

Parent/Guardian Signature **X** _____ Date _____