

# FARFAN'S TAEKWONDO

## E-LEARNING CAMP 2020-2021

### Parental Consent and Liability Release Form

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PARTICIPANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

PARTICIPANT EMAIL (If applicable) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT NAME(S) \_\_\_\_\_

PARENT CELL PHONE(S) \_\_\_\_\_ / \_\_\_\_\_

PARENT BEST CONTACT EMAIL \_\_\_\_\_

#### TO WHOM IT MAY CONCERN:

The undersigned does hereby give permission for my child:

\_\_\_\_\_ ("Participant"), to attend and participate in **Farfan's Taekwondo E-LEARNING CAMP** the period of

\_\_\_\_\_ - \_\_\_\_\_  
Month/Day/Year                      Month/Day/Year

**LIABILITY RELEASE:** In consideration of **FARFAN'S TAEKWONDO E-LEARNING CAMP** allowing the Participant to participate in the camp activities, I, the undersigned, do hereby release, forever discharge and agree to hold harmless, **FARFAN'S TAEKWONDO E-Learning Camp**, its directors, employees, volunteers, teachers and coaches (collectively herein **FARFAN'S TAEKWONDO**) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the activities and **E-LEARNING CAMP**. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in **FARFAN'S TAEKWONDO E-LEARNING CAMP** activities and, including trips away from the premises.

Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to **FARFAN'S TAEKWONDO E-Learning Camp** to furnish any necessary transportation (within the limitations of their insurance and the law), The undersigned further hereby agrees to hold harmless and indemnify **FARFAN'S TAEKWONDO E-Learning Camp** for any liability sustained by **FARFAN'S TAEKWONDO E-Learning Camp** as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

# FARFAN'S TAEKWONDO

## AFTER SCHOOL PICK UP

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**MEDICAL TREATMENT PERMISSION:** I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

**EARLY RETURN HOME POLICY:** Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

**TRANSPORTATION PERMISSION:** The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities by FARFAN'S TAEKWONDO E- Learning Camp. My child/youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

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Name of parent	Signature of parent	Date
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Name of parent	Signature of parent	Date
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Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy/Group ID#: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

Emergency Phone #s in case parent/guardian cannot be reached:

\_\_\_\_\_

Parent Signature \_\_\_\_\_

Parent Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### PAYMENT INFORMATION

Name on card: \_\_\_\_\_ Phone: \_\_\_\_\_

AMEX VISA MC \_\_\_\_\_ EXP \_\_\_\_\_

CVV \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_