

MENTAL DISCIPLINE
SELF CONFIDENCE
IMPROVE SELF IMAGE
RELAXATION

CHILD SAFETY PROGRAM

PHYSICAL TRAINING
BALANCE - COORDINATION
PROMOTES HEALTH AND
FITNESS

REGISTRATION FORM PLEASE PRINT

STUDENT'S LAST NAME		FIRST NAME		MID INTL	
STREET ADDRESS			CITY	STATE	ZIP CODE
STUDENT'S HOME PHONE		STUDENT'S CELL PHONE		STUDENT'S E-MAIL ADDRESS	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE	DATE OF BIRTH (MONTH/DATE/YEAR)			
<u>PARENT OR GUARDIAN INFO</u>					
NAME		HOME PHONE	CELL PHONE	E-MAIL	
EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN) - LIST NAME/PHONE					
HEALTH INFORMATION - CHECK ALL THAT APPLY					
<input type="checkbox"/> SEIZURES	<input type="checkbox"/> ASTHMA	<input type="checkbox"/> ALLERGIES (FOOD)	<input type="checkbox"/> HIGH OR LOW BLOOD PRESSURE		
<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> DIABETES	<input type="checkbox"/> ALLERGIES (OTHER)			
LIST ANY PHYSICAL LIMITATIONS					
HOSPITALIZED IN LAST THREE YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN					

AGREEMENT

I, the undersigned, do hereby voluntarily enroll my ☐ son ☐ daughter into the C. S. Kim Karate Child Safety Program, Inc ("Child Safety Program"). The undersigned, in consideration of enjoying the benefits of the Child Safety Program, and on behalf of my child, hereby agree to the following terms and conditions: It is understood that any monies raised or contributed or other fees paid to the Child Safety Program are not refundable for any reason or under any circumstances. I willingly agree to obey the instructions of the Child Safety Program in all ways and it is further understood that neither the Child Safety Program nor its officers, directors, instructors or agents shall be liable for any damages or injuries to persons or property as a result of participation in the Child Safety Program. I understand and agree that there is a risk of personal injury involved in the course of instruction and with this understanding and knowledge, I voluntarily enroll my child in such program and accordingly hereby release the Child Safety Program and its officers, directors, instructors and agents from any liability and claims in connection with my child's participation in the Child Safety Program and further indemnify, defend and hold harmless the Child Safety Program and its officers, directors, instructors and agents from any and all liabilities, obligations, debts, causes of action, lawsuits, damages or other claims, including reasonable attorneys' fees and expenses incurred in the defense thereof, arising out of or in any way related to participation in the Child Safety Program. Because of the physical demands of the Child Safety Program, I understand that my child must be in reasonably good physical condition to participate in such program and I hereby certify that my child is in such reasonably good physical condition.

STUDENT'S PLEDGE

I pledge to never use the knowledge and skills gained through the Child Safety Program, except to protect the honor and well-being of myself and the defenseless. I, upon being permitted to join the Child Safety Program, will obey the rules and regulations established by the Child Safety Program and will conduct myself in a manner that maintains the honor and reputation of the Child Safety Program. I further pledge that I have read and understand this Pledge, agree to be bound by its terms and swear that I will faithfully fulfill my duty as a participant in the Child Safety Program.

Student Signature _____ Date _____

Parent or Guardian's Signature (if under 18 years) _____

