

APPLICATION FOR FREE KARATE CLASSES

Student Name

Last	First	Middle Initial	Date of Birth
Address		Telephone	
School		Grade	
Name of Parent(s) or Guardian(s)			

 Parental Approval and Hold Harmless Agreement

I authorize my child to participate in the faith based Karate Classes. I understand that participation is voluntary and that while care and attention will be given to the health and safety of the participants, Karate Kids for Christ will not be liable for injuries sustained by my child while participating in the classes. For purposes of this release Karate Kids for Christ shall include all personnel including volunteers, staff and owners of the facilities in which the classes are held. I understand that participation in the Karate classes involves the risk of injury. I accept and assume sole responsibility and liability for my child for such risks.

I hereby authorize Karate Kids for Christ to secure such emergency medical advice and serves as believed necessary for my child's health and safety and I agree to accept financial responsibility for such medical advice and services.

Printed Name of Parent/Guardian	Date
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Signature of Parent/Guardian

Medical Conditions: No Yes (Please list on reverse side.)

Allergies (Please List): _____

Medication Taking: None Yes (Please list on reverse side.)

Emergency Telephone Number: _____

Drop off completed applications at: The Salvation Army, 9 S. Park St., Ypsilanti, or
 Hope Center, 518 Harriet St., Ypsilanti.

Classes sponsored by Karate Kids for Christ, Inc.