

**Center For Martial Arts & Fitness  
PE Bowe Elementary After School  
Program Registration Form**

- Year Round Program
- NEFC Voucher
- Before School Program
- After School Program

**General Information**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (        ) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

T-Shirt Size: 6-8 10-12 14-16 Adult: S M L XL

School: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender (check):  M  F

Teacher: \_\_\_\_\_

**For Staff Use Only**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRANSPORTATION PLAN**

AM  PM Trans Fee:\$ \_\_\_\_\_

Drop Off Contact(s) \_\_\_\_\_  
\_\_\_\_\_

**115 Hampden Street  
Chicopee, MA 01013**

**Phone: (413) 262-4013**

**Email: Taekwonken@aol.com**

**Family Information**

Parent/Guardian Name: \_\_\_\_\_

Phone Number: (        ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_

Cell Number: (        ) \_\_\_\_\_ - \_\_\_\_\_

**Medical Information**

Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Medical Concerns/Allergies or other important info:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Information (Other than Parents)**

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: (        ) \_\_\_\_\_ - \_\_\_\_\_

Comments (allergies, etc) \_\_\_\_\_  
\_\_\_\_\_

My child can walk home:            Yes    No

OR

The following people can pick my child up...  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Liability Waiver**

**Parent/Guardian Permission:**

My child has permission to participate in activities provided by teh Center For Martial Arts & Fitness, Inc. I acknowledge that my child must follow all of the rules in order to participate. In the event that I cannot be reached in an emergency, I hereby authorize that medical/surgical treatment be administered to my child at my expense. I recognize and acknowledge there is a known risk of injury in the participation of Tae kwon do. I assume all risks and hazards incidental to and inherent in participation in this program, except where an agency acted in reckless or gross negligence. I agree that Center For Martial Arts & Fitness, Kenneth R. Goodrich and all persons participating in the instruction of Taekwondo will not be held responsible for any damages or injuries caused by the use of or practice of any techniques presented in the classes. I hereby waive and release any claims that arise out of any decision to authorize medical/surgical treatment, and indemnify and hold harmless the City Of Chicopee, MA, and the Center For Martial Arts & Fitness from claims of third parties arising out of the decision to authorize medical/surgical treatment. My signature certifies that I have read and understood this disclaimer, and all the program rules and regulations.

**After School Program Transportation Authorization**

I give permission to the Center For Martial Arts & Fitness and its employees to transport my child from their school to the Center For Martial Arts & Fitness After School Program. I am aware that they may be transported home and/or to and from special events and field trips during the after school program. I am also aware that outside agencies may be contracted to transport my child.

Please circle:    Yes    No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I am aware that pictures of my child may be used for publicity purposes by one or more of the agencies and I consent to the use of such pictures.

Please circle:    Yes            No

