Center For Martial Arts & Fitness

PE Bowe School - 115 Hampden St., Chicopee

Summer Program Registration Form

- ❑ **AFTER SCHOOL FULL TIME Mon-Fri**
- ❑ BEFORE SCHOOL
- ❑ **PART TIME** (DAYS) M T W TH F
- ❑ **VACATION PROGRAM**

General Information

Last Name:____________________________________

First Name:___________________________ M.I.____

Address:_______________________________________

____

City:____________________State:______Zip:________

Phone Number: ( ) _______ - ____________

Date of Birth: ________/__________/___________

Grade:_______ Gender (check): ❑ M ❑ F

School:____

TRANSPORTATION PLAN

My child will arrive at the program by:

❑ Drop Off ❑ Prog Van ❑ Walk

My child will come home from the program by:

❑ Picked Up ❑ Prog Van ❑ Walk

Drop Off Contact(s) ___________________________

____

Address_______________________________________

____

My child will start on:________________

Mailing Address: 82 Main St., Chicopee

Phone: (413) 594-9200 Fax: (413) 594-9300

Web Address: CFMAF.net

Family Information

Parent/Guardian Name:__________________________

Phone Number: ( ) _______ - ____________

Work Phone: ( ) _______ - ____________

Cell Number: ( ) _______ - ____________

Medical Infromation

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...

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____

____

Liability Waiver

Parent/Guardian Permission:

My child has permission to participate in activities provided by the 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 Transportation Authorization

I give permission to the Center For Martial Arts & Fitness and its employees to transport my from school to the program. I agree that my child may be transported home, to and from field trips throughout the year.

Please circle: Yes No I agree to this in its entirety.

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