

Center For Martial Arts & Fitness

22 Center Street, Chicopee, MA 01013

AFTER SCHOOL PROG. REG. FORM

___ Full Time (Monday-Friday)

___ Part Time (circle days) M T W Th F

___ NEFC Voucher ___ Private Pay

CHILD'S INFORMATION

Last Name: _____

First Name: _____ MI. _____

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

TRANSPORTATION PLAN

My child will arrive/dismiss from the program by:

AM Drop Off Prog Van Walk

PM Drop Off Prog Van Walk

Drop Off Contact(s) _____

Address _____

Email: Taekwonken@aol.com
Phone: (413) 594-9200 Fax: (413) 594-9300
Web Address: CFMAF.net

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 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. I give permission to the Center For Martial Arts & Fitness and its employees to transport my child to and from the Center For Martial Arts & Fitness Summer Program. I am aware that they may be transported home to and from special events and field trips during the summer program. I authorize the staff of the CFMAF to contact my child's school nurse if any medical concerns arise and they feel the need to call them.

My signature certifies that I have read and understood this disclaimer, and all the program rules and regulations.

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