Martial Arts Carolina
3555 - 2 Matthews Mint Hill Road
Matthews, NC 28105
(704) 847-2222

Child Information

Full Name _____

Nick Name _____

Birth Date(mo/day/Year) _____

Address _____

Phone _____

School _____

Current Grade Level _____

Doctors Name _____

Address _____

Phone _____

Family Information

Mother's Full Name _____

Address _____

Day Phone _____ Evening__ _____ Cell_____

E-Mail Address _____

Father's Full Name _____

Address _____

Day Phone _____ Evening__ _____ Cell_____

E-Mail Address _____

Guardian Information

Full Name _____

Address _____

Day Phone _____ Evening__ _____ Cell_____

E-Mail Address _____

PERMISSION TO OBTAIN MEDICAL CARE

I the undersigned, give permission to Martial Arts Carolina to act in my behalf in emergency situations to obtain medical treatment for my child. I agree to accept full responsibility for the payment of all ambulance, hospital, and physician's bills or charges for any service.

Signature of Parent or Guardian _____Date_____

Printed Name _____

Emergency Contact Information:

Name_____Relationship_____

Phone_____ 2nd # _____

Liability Release and waiver:

This club urges all members and participants to obtain a physical examination from their health care provider before using any school equipment or participating in school activity. Members/Participates hereby holds the school, instructors, its officers, owners, agents, and employees, harmless from all claims which may be brought against them by members or participates for injuries or loss. When you submit this form it notifies Martial Arts Carolina of your intention to continue your membership and benefits with Martial Arts Carolina.

Buyers Signature _____ Date _____

Print Name _____ Date_____