



**SUMMER CAMP 2024**  
**KARATE KID REGISTRATION**  
**AND LIABILITY RELEASE**

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

Child's full legal name: \_\_\_\_\_ Child's preferred name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F T-Shirt Size: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Workplace: \_\_\_\_\_ Mother's Workplace: \_\_\_\_\_

Father's Work #: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

Father Cell #: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Did a current SMA student refer you to us? Yes No Name of Student \_\_\_\_\_

Is there any information about the student that the SMA staff should be aware of?  
(ex. Learning disabilities, physical impairments, emotional issues)  
\_\_\_\_\_  
\_\_\_\_\_

**RELEASE FORM**

I, \_\_\_\_\_, understand that Southern Martial Arts LLC, Karate Kids, its instructors, owners and staff are not responsible in any way for personal injuries that may occur before, during or after martial arts classes or any activities taking place on the premises owned by the above mentioned.

I understand that Southern Martial Arts LLC, Karate Kids, its instructors, owners and staff, do not carry any medical insurance for students or persons participating in class or doing any activity on the premises.

I understand that I must have my own medical insurance to participate in karate classes or any function that occurs on the premises owned by Southern Martial Arts.

I understand that karate training does involve physical contact in sparring and other training drills, and that participation is at one's own risk. A student may choose not to participate in any class function that requires physical contact (sparring, etc.) with another person. A student's parent may choose this option if the student is under 18 years of age.

I understand that violation of any agreement on this release form can result in immediate dismissal from participation in karate classes or functions held by Southern Martial Arts.

I have read all of the above and fully agree to and understand my commitments to the conditions stated in this signed document.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(For office use only) \_\_\_\_\_  
\_\_\_Draft \_\_\_Attendance List \_\_\_ Payments List \_\_\_Email List \_\_\_Uniform \_\_\_Summer Camp T-shirt

**CHILDS RELEASE RECORD**

Child's Name: \_\_\_\_\_

The following people are authorized to remove the child from the facility if the custodial parent(s) cannot be reached  
**(IDENTIFICATION REQUIRED):**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**HEALTH QUESTIONNAIRE**

List any known allergies to food or the environment that Southern Martial Arts should be aware of.

\_\_\_\_\_

What is the allergic reaction?

\_\_\_\_\_

Is there anything else, medical or otherwise that we need to know about your child?

\_\_\_\_\_

Child's Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Preferred Hospital: Spartanburg Regional -or- Mary Black

I authorize a Karate Kids representative to obtain medical treatment for my child in case of serious illness or injury and agree to pay for such treatment.

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**(Signature of Parent/Guardian)**

**SOCIAL MEDIA**

\_\_\_\_\_ I give permission for photos to be taken of my child(ren) and from time to time be posted to Facebook, website, and any flyers.

\_\_\_\_\_ I do not give permission for photos to be taken of my child(ren).

**PLEASE INITIAL THE FOLLOWING**

\_\_\_\_\_ I understand it is necessary to pick my child(ren) up by 6:00pm. Failure to do so will result in a late fee of \$1 per minute after 6:00pm.

**PERMISSION TO RIDE**

I grant permission for my child(ren) to ride on the Karate Kid bus on any field trip scheduled during the Summer Camp program.

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**(Signature of Parent/Guardian)**