



Please turn in this completed form on the first day of After School at the check in area.

Taekwondo After School at Master O's!!

Child's Last Name, First Name: _____

School Currently Attending: _____

Parent/Guardian Name: _____

Street Address: _____

City State & Zip: _____

Email: _____

Home Phone: _____

Program Rules:

1. I will only leave the program with an adult that I know.
2. I will respect fellow children and teachers.
3. I will participate in all of the activities to the best of my ability.
4. I will act in a safe and responsible manner.
5. I will have fun!

I have read the camp rules and I will abide by these rules. I understand that the camp staff has the right to remove any person from the program that does not abide by these rules. If I am asked to leave, I understand that my tuition is nonrefundable.

Child Signature/Date

Parent Signature/Date

Alternate Pick-up Authorization:

I authorize the following individuals to pick up my child from the program.

Name	Relationship	Phone Number

Name	Relationship	Phone Number

By checking box, I authorize my child to walk home from the program.

Parent / Guardian Date

Photography Release:

I authorize Master O's to obtain, store and or use without payment any photographs, slides and or videotapes of my child for public relations, marketing/advertising and or internal training purposes.

Parent / Guardian Date

Physician's Order for Prescribed Oral Medication

All medication must be delivered by and in the original container in which it was dispensed and administered by a pre-authorized individual designated by the parent/guardian. No member of Master O's is permitted to administer medication.

I have arranged, and hereby authorize the administration of prescribed medication for my child to be handled as follows:

Name of Medication

Dosage

Name of Authorized Individual to Administer Medication

Date & Times of Administration

Name of Issuing Physician

Issuing Physician Emergency Phone Number

Significant side effects / adverse reactions that should be reported to physician: _____

Issuing Physician Signature Date

Parent/Guardian Signature Date

Emergency Medical Information: _____
Child's Last Name, First Name

Allergies to food / medication: _____

Activity restrictions or precautions: _____

List any medication child is currently taking: _____

List any special needs or important information about your child's medical history/behavior: _____

Please list at least two alternative individuals who may be contacted if your child should become ill and need to be sent home:

Name	Relationship	Phone Number

Emergency Medical Consent:
In the event that reasonable attempts to contact me and the two alternate individuals that I have designated a the phone numbers that I have provided on this form have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the physician, dentist and or hospital as applicable listed below:

Preferred Physician _____ Phone Number _____

Preferred Dentist _____ Phone Number _____

Preferred Hospital _____ Phone Number _____

In the event that the designated preferred physician, dentist and or hospital as applicable is not available, I hereby give my consent for the administration of any treatment deemed necessary by another licensed physician or dentist at any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Parent / Guardian Signature Date

Emergency Medical Refusal (do not complete if consent was given above)
I do not give my consent for emergency medical treatment of my child. IN the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Parent / Guardian Signature Date

Liability Waiver (must be signed in order for child to participate in the program)

I am the parent/legal guardian of _____. On behalf of myself and child, and our respective heirs, we acknowledge and agree that there is a risk of serious injury an or loss associated with child's participation in the Master O's After School Program. As a condition of child's participation, we assume that risk and forever waive and agree to hold Master O's Black Belt World and its shareholders, directors, officers, instructors, employees and agents harmless from any and all claims, liabilities and or damages arising out of child's participation in the program. I understand that child will not be permitted to participate in the program without signing this agreement.

Parent / Guardian Date