

Please fill out completely, front and back!

WEEKLY JUDO LESSONS

BARAKAH JUDO

Class options

- | | |
|--------------------------|----------------------|
| <input type="checkbox"/> | Beginners group |
| <input type="checkbox"/> | Advanced group |
| <input type="checkbox"/> | After school program |

Schedule

(Beginners group: Tuesday & Thursday; 5:30pm-7:00pm)

***Saturday: 4:00pm- 5:30pm (all groups welcome)**

(Advanced Group: Monday, Wednesday, Friday; 5:30pm-7:00pm)

After school program: Monday Wednesday, Friday; 4:30pm-5:30pm)

Enrollment/Information Form

Student Full Name: _____ DOB: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: (____) _____ Work: (____) _____ Ext. _____

Cell Phone: (____) _____ Email: _____

Persons Authorized to Remove Child (Identification Required)

Name	Relationship	Phone
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Name	Relationship	Phone
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Please fill out completely, front and back!

Medical Information

Medical Alert Information (i.e. allergies, medical and/or handicapping conditions):

List any additional information which would be beneficial for MYA to know about your child:

Preferred Physician: _____ Address: _____

Phone: (_____) _____ Preferred Hospital: _____

Emergency Contact (Other Than Parents)

Name	Relationship	Phone
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Name	Relationship	Phone
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Authorization for Emergency Medical Treatment

If my child, (First and Last name of the student) _____, should become ill or injured at MYA's weekly judo classes or relating activities, I understand that the facility will: (1) contact me immediately and (2) contact the person(s) I have designated if I cannot be reached. Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of medical services rendered.

Signature of Parent or Legal Guardian	Relationship	Date
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Please fill out completely, front and back!

Statement of Cooperation and Release

In consideration for my attendance and participation in this academy's martial arts/judo training, I, the student/parent, acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. Permission is hereby given for my children to participate in all the center's activities, including but not limited to training, games, playtime, and field trips. I hereby release MYA, the program, its owners, fellow students, and employees from any liability resulting from personal injury or loss of personal belongings. I also hereby state that the students named above are physically fit to take the prescribed course of instruction and do so for their own free will for an agreed upon fee. I understand that attendance at MYA's judo lessons is a privilege and we agree to abide by the policies and rules established by the program. I agree to cooperate with the staff and instructors in a supportive manner. I agree to timely pay our financial obligations to the ISTABA office(s). I understand the payment fees are non-refundable.

Signature of Parent or Legal Guardian

Relationship

Date

Authorized Staff

Date