



# Emergency Contact Form

*This form must be COMPLETE in order to participate.*

**Camper**  
**First Name:** \_\_\_\_\_ **Camper**  
**Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Preferred Phone:** \_\_\_\_\_  Home  Mobile

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:**  Male  Female

## Emergency Contact/Parent Info

**Parent/Guardian 1:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

The Camper/Camper's Parent or Guardian (the "Customer") understands and agrees that strict observation of Family Martial Arts Academy (the "Business") rules and regulations and the rules and regulations relative to martial arts and fitness training, including the use of protective equipment when appropriate, is required. The Customer understands and agrees that the use of the facilities and the Customer's presence at the facilities are at the sole risk of the Customer. The Customer understands and agrees that martial arts involves skills and training which include violent and sudden movements and that in connection with the training and instruction, there will be physical contact between instructors and Customers and between and among the Members and Customers and that such contact may result in personal injury to the Customer, despite precautions taken to avoid such injuries. Customer hereby consents to engage in such contact as may be necessary or required by participation in the training program and/or classes. The undersigned grants the school permission to use photographs, videotapes, artwork or other likenesses of the student for marketing, trade, publishing or any other lawful purpose.

Customer, on behalf of him/herself and anyone claiming by or through the Customer, hereby holds harmless, releases and forever discharges FMAA, it's officers, directors, employees, agents and operators and authorized representatives from any liability, claim, loss, including loss of property, damage, personal injury, or expense incurred by the Customer and arising from the Customer's participation in any program offered by the business, including, but not limited to, any injury or damage caused by the negligence or willful misconduct of FMAA, the Business, its instructors, Members, agents, employees, operators, or authorized representatives. The Customer specifically understands and agrees that he/she is assuming the risk of any and all injuries that he/she may suffer or incur as a result of his/her execution of this agreement and participation in any program offered by the Business.  
Taekwondo is a contact sport!

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**First Aid**

As a Legal Guardian/Parent for my child, \_\_\_\_\_ I do hereby consent and authorize the camp staff to take any and all action, including use of medical services and hospital facilities as they deem appropriate in the event that my child should become ill or otherwise injured while under the care of the program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Preferred Hospital: \_\_\_\_\_

**Approved Pick-Up List/Assume Care and Transportation (If you can't be reached)**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Not Approved for Pick Up**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Allergies and Medications**

The Staff needs to be aware of the following allergies:

\_\_\_\_\_  
\_\_\_\_\_

The following medications will need to be administered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date