



### CHILDRENS KARATE CLASS

Participants Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

I would like to be on the Gilford Youth Center Email list (check box)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

#### Emergency Contacts

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Please describe any allergies/medical problems:

\_\_\_\_\_

Participation in this program may involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights against the Gilford Youth Center, the Gilford Community Church, its officers, employees, agents, volunteers, and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees, and other expenses, arising out of or in connection with participation in the program and activities.

In addition, I give my permission for the child to be treated by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided.

As a parent, guardian or participant, I allow the Gilford Youth Center to take my child's picture/video for advertising and promotional purposes.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date