

DESIGNED DEFENSE
AMERICAN KENPO KARATE STUDIO
Application for Enrollment

DATE: _____

CHILD'S NAME: _____ Best phone#: _____
Alternative phone#: _____

Age: _____ Grade: _____ Date Of Birth: _____
Gender: _____ Weight: _____ Height: _____

PARENT(s): Name(s): _____

ADDRESS (street, town, zip): _____

EMAIL Address: _____

Please provide and alternative person to contact in an emergency if parent cannot be reached:

NAME OF SCHOOL: _____

Does your child attend the afterschool care program (SACC)? _____ YES _____ NO
If YES, will they be returning to the program at the end of KARATE class? _____

ALTERNATIVE PICK-UP PEOPLE: _____

Does your child have any physical or behavioral condition that may require special attention by the instructor(s)? _____ YES _____ NO

If YES, please explain:

Is your child on medication or have any allergies that should be brought to our attention?

_____ YES _____ NO If YES, please explain: _____

Has your child ever trained in Martial Arts before? _____ YES _____ NO

If YES, what rank did your child receive? _____

By signing this form, I acknowledge that the above statements are true:

I, _____, on behalf of myself and/or my minor child, hereby release and hold harmless the Designed Defense, American Kenpo Karate Studio, Town of Norfolk, Norfolk Public Schools, and all their officers, employees, contract employees, volunteers, agents and all organizations providing services, from any claims, causes of action or liability arising or relating in any way to any injuries including, without limitation, COVID-19, that I or my child might sustain/contract from my or my child's participation in Norfolk Recreation activities including such claims or causes of action that I/he/she/they may now have or thereafter acquire (either independently or as a parent of said child) or that my child may have or hereafter may acquire.

SIGNATURE: _____ Date: _____