



Grayson Elementary Presents...

Martial Arts Focus & Fitness Health Class

2011-2012 Information & Liability Form

**Please be sure to complete the entire form.*

*All information will be used strictly for communication between parents and program leaders**

The Martial Art's Focus & Fitness Class will be held at 7:50am until 8:20am every WEDNESDAY morning in the GES gymnasium per 9 week sessions. You may drop off your child at the front of the school with the assigned adult sponsor. You may NOT drop off your child before 7:50, as there will be no adult supervision before that time.

Thank you, Kristie Horn (Sponsor/Facilitator)

Adult/Parent's Name: _____

Address: _____

Street

City

Zip

Home Phone: _____ Email: _____

Student Name: _____ Male Female

Date of Birth: _____ Emergency Phone: _____

Why are you interested in Martial Arts? (Please mark all that apply)

Self-Defense Fitness Discipline Confidence Focus/Concentration

Other Reason _____

Are there any medical conditions we need to be aware of? If so, please write them on the back of this form. Yes _____ No _____

I hereby agree to allow my child to participate in the Martial Arts program led by Black Belt Instructor Daniel Wilson from Choe's Hap Ki Do being offered at Grayson Elementary, upon the understanding and agreement that:

1) You represent to us that you/your child have no physical, mental or emotional illness that could impair training or make training injurious. While every effort is made to create a safe environment, you realize that any physical activity has the potential for injury and you waive any claim of accidental and/or negligent damage against us and/or any of our principals, officers, or instructors resulting from the activity.

2) I also release Choe's Hap Ki Do from any liability from my/my child's use of any and/or all the equipment provided by the company. I understand that I will be responsible for any negligent damage (replacement/repair) to equipment I/my child uses that is owned by Choe's Hap Ki Do.

I hereby acknowledge an assumption of risk by accepting and agreeing to allow my child/myself in Choe's Hap Ki Do activities.

Signature of Parent/Guardian : _____

Date: _____