



CONTACT INFORMATION

Parents Last Name _____ First Name _____

Childs' Last Name _____ First Name _____

Home Phone _____ Cell Phone _____

Email _____

Current Mailing Address _____

City _____ State _____ Zip _____

Permanent Address if different from above

How did you hear about our program?

Program you are interested in participating in (please circle)

AFTER SCHOOL PICK-UP

SUMMER CAMP MARTIAL ARTS

ADULT MARTIAL ARTS

MIXED MARTIAL ARTS



Student Identification Record

Child's full legal name _____ DOB _____

Child's preferred name _____ Sex _____

Mother's Information

Name _____ Telephone _____

Place of employment _____ Telephone _____

Additional telephone number _____ Best time to reach you _____

Address _____

Father's Information

Name _____ Telephone _____

Place of employment _____ Telephone _____

Additional telephone number _____ Best time to reach you _____

Other household adults _____

The child will be released only to the person(s) authorized, or in the manner authorized in writing, by the custodial parent(s) or legal guardian(s). The following people are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached;

Name _____ Telephone _____

Name _____ Telephone _____



Child's Physician _____ Telephone _____

Child's Dentist _____ Telephone _____

Has the child had: Surgery _____ Serious Illness/Accident _____ Burns _____

Allergies _____ Convulsions _____

List all identifying scars, birthmarks, skin discolorations: _____

Special needs of child _____

Child's habits, fears, etc. _____

Previous after school/group experience _____

I give permission to consult the child's physician resource listed above in case of emergency if I/we cannot be reached.

Signature of Custodial Parent or Legal Guardian



Permission to Ride Form

School Name _____

I (we) hereby grant permission for _____ to ride to the After School Program or daily field trips in our Summer Camp located at 10450 66th St N, Unit 1 in Pinellas Park, FL 33782 on the following days:

Monday Tuesday Wednesday Thursday Friday

Students will be traveling in the following manner: School Bus/Private Passenger Van/Private Passenger Vehicle

- 1) I authorize After School Program representatives to obtain medical treatment for my child in case of serious illness or injury and agree to pay for such treatment.
- 2) I understand that the certified After School Employee who usually dispenses the medications may or may not be present during this trip. Medications will be dispensed by a responsible staff member.
- 3) I have documented below all precautions and instructions regarding my child's medication. I have noted any special health-related conditions or allergies regarding my child.

Date

Signature of Parent/Guardian

Cell Phone

Work Phone

Alternate Emergency Contact

Cell Phone

Work Phone



Child Health & Development Questionnaire

Date _____

Child's FULL name _____

DOB _____ Race _____ Sex _____

Name of parent or guardian completing form _____

Please answer the questions on this form. We feel this information will help us to be more effective in working with your child.

Childhood Diseases child has had

Date

_____ Chicken Pox	_____
_____ Measles	_____
_____ Scarlet Fever	_____
_____ Rheumatic Fever	_____
_____ Mumps	_____
_____ Strep Throat	_____
_____ Hepatitis	_____

Is your child taking any over-the-counter or prescribed medication regularly at home? ____ Yes ____ No

If yes what? _____

Is your child taking vitamins regularly at home? ____ Yes ____ No what kind _____

List any known allergies to food or environment _____

What is the Allergic Reaction _____



Have you ever suspected or has you child ever had seizures? _____

Does your child dislike any food? _____ If so what? _____

Does your child have temper tantrums? _____ Does your child bite his/her nails? _____

Twist his/her hair? _____ Does your child complain of feeling ill often? _____

Does you child have a regular playmate? _____ Same age? _____ Older? _____

Does your child get along will with groups of children or is he/she more of a loner? _____

If you could describe you child in one word, what would it be? _____

Please list your child's strong points, such as happy, curious, loving. _____

Is there anything else, medical or otherwise that we need to know about your child?



Release for Emergency Care

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____ in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants it.

Family Physician Name/Health Care Resource

Telephone Number

Allergies: _____

Date of Last DPT or Tetanus: _____

Insurance Company Covering Child: _____

Policy Number: _____ Group Number _____

Signature of parent or guardian

Date



Waiver & Release of Liability

Student Name: _____

American Mixed Martial Arts (AMMA) urges you and all students to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise, activity, or MMA class. All activities, including the use of strength training equipment and use of any and all machinery, equipment and apparatus shall be at the student's sole risk. Student understands that the agreement to use or selection of exercise programs, after school programs, summer camps, MMA programs, methods and types of equipment shall be students entire responsibility, and AMMA shall not be liable for any claims, demands, injuries, damages, or actions arising due to injury to student's person or property arising out of or in connection with the use by student of the services, facilities, and premises of the school. Student hereby holds the school, its officers, owners, agents, and employees harmless from all claims which may be brought against them by student or on student's behalf for any such injuries or claims. Students participating in After School programs or Summer Camps understand that pick up and transportation to and from AMMA is also included. Parents and or students understand that there are risks involved with transportation and care for children and waive liability to all members of AMMA including officers, owners, agents, and employees harmless from all claims which may be brought against them by student or on student's behalf for any such injuries or claims in regards to transportation or related outings to After School programs or Summer Camps with AMMA.

Signature _____ Date _____
(Parent or guardians if under 18)

Witness _____ Date _____