



**Jung Kim's Martial Arts**  
**Before & After School Enrichment Program**  
**Information and Release**  
**2011-2012**

**Student Name:** \_\_\_\_\_

**Elementary School:** \_\_\_\_\_

**Days Attending:**    All    Monday    Tuesday    Wednesday    Thursday    Friday

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

**Home Phone:** \_\_\_\_\_

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

**Mother/Legal Guardian Name:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Father/Legal Guardian Name:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Student's Doctor 's Name:** \_\_\_\_\_

**Doctor's Address:** \_\_\_\_\_

**Doctor's Phone:** \_\_\_\_\_

**Emergency Contact Information:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_



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List authorized person(s) allowed to pick up student other than parents:

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

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

List any medical condition(s) we should be aware of including food allergies:

List any procedures used to handle medical condition(s) (use back of page if necessary):

.....  
**Consent to treat**

In case of emergency Jung Kim's Martial Arts will call an ambulance, the parent, and the student's doctor. In the case of an emergency Jung Kim's Martial Arts has the right to allow emergency treatment of the student.

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

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