

Clermont Family Martial Arts Center

672 E Hwy 50 – Suite A ☎ Clermont, FL 34711
(352) 404-8906 ☎ www.shipleykarate.com

2017/2018 SCHOOL YEAR MEDICAL RELEASE FORM

Student's Name: _____

Student's Address: _____

City: _____ ST: _____ ZIP: _____

Home Phone: _____ Date of Birth: _____

Parent's Names: Mother: _____

Place of Employment: _____

Work Phone: _____ Cell Phone: _____

Father _____

Place of Employment _____

Work Phone: _____ Cell Phone: _____

Your Email Address: _____

Physician's Name: _____ Phone _____

Physician's Address: _____

Dentist's Name: _____ Phone _____

Dentist's Address: _____

INSURANCE CARRIER: _____

Group #: _____ Policy ID: _____

Name of Insured: _____

Are there any medications that your child/children are currently taking or known allergies? (*Please understand we are not able to dispense any medications; this information is strictly in case of an emergency to advise the appropriate personnel*)

In the event of an emergency, who is first person to be contacted:

Name: _____ Relationship: _____ Phone: _____

PARENT PICK UP AUTHORIZATION (*Please list ALL people authorized to pick up your child/children & their contact phone number*)

1. _____

2. _____

3. _____

RELEASE AND COVENANT *In consideration of participation in the after school program I hereby release and forever discharge Clermont Family Martial Arts Center, Mr. Jim Shipley, its agents, units, school, students and employees (in their individual and official capacities) from all claims, demands, claims for attorneys fees, actions, causes of actions, charges or suits of whatever kind or nature which might have been asserted against them, by or on behalf of myself or my children, parents, assigns, heirs, representatives, dependents, or otherwise. Furthermore, I also release the above from all damages to my property. I, the undersigned, am at least 18 years of age. I have carefully read the above stated release and covenant not to sue. I understand the contents thereof and agree that my execution of the release and covenant not to sue is my own free, voluntary act and deed.*

I/we understand that under present Florida law, if my/our child is riding in a private automobile which is involved in an accident, he/she will be primarily covered for bodily injury under my/our family automobile policy, and I/we agree to submit any medical bills incurred to my/our insurance company for payment. If my/our policy has been issued with a deductible clause relative to the personal injury protection, I/we understand the I/we have assumed that deductible amount when I/we purchased the policy.

Participant Name: _____ Date: _____

Parent/Guardian Signature _____ Date: _____