



Rock Solid Karate After School

3042 McEver Road, Gainesville, GA 30542

678-450-0055 lee@rocksolidkarate.com

MEDICAL INFORMATION/STUDENT WAIVER FORM

Date: ____/____/____

Child's Name: _____ D.O.B. _____

Child's Name: _____ D.O.B. _____

Parents/ Legal Guardian: _____

Primary Phone: _____

Emergency Contact & Phone: _____

Medical Insurance for Child: _____ Policy: _____

Allergies & Medications: _____

Consent

I (Parent or Guardian) give my consent to Rock Solid Karate, Inc. its officers, agents, employees, individuals associated with the organization or any emergency medical personnel to administer necessary treatment to my child named above in the event of an emergency and authorize transportation for my child by ambulance if situation warrants.

_____ (initials)

I (Parent or Guardian) give my consent to Rock Solid Karate, Inc. its officers, agents, employees, and individuals associated with the organization to transport my child named above to and from Rock Solid Karate's authorized activities and events.

_____ (initials)

I hereby acknowledge that Karate World of Oakwood, Inc. and Rock Solid Karate, Inc. are not responsible/liable for any injuries suffered while on the premises of Karate World of Oakwood and Rock Solid Karate 3042 McEver Road, Gainesville, GA 30504 or any satellite facilities which we are instructing. I hereby acknowledge that Karate World of Oakwood, Inc. and Rock Solid Karate, Inc. are not responsible/liable for any issues involving Covid-19.

Karate World of Oakwood, Inc. and Rock Solid Karate, Inc. reserve the right to dismiss any students, at any time, for misconduct or actions which may convey a negative image of the martial arts in general and Karate World of Oakwood, Inc. and Rock Solid Karate, Inc. specifically.

Parent/Guardian Signature

Date

Instructor

