

PARENTS NIGHT OUT - CHILD SAFETY FORM

CURRENT STUDENTS/FAMILIES ONLY

Child 1 Name: _____ Age: _____ EMERG PHONE #: (____) _____ - _____
Please list any restrictions to activity or other information relevant to child's health history: _____

Child 2 Name: _____ Age: _____
Please list any restrictions to activity or other information relevant to child's health history: _____

Child 3 Name: _____ Age: _____
Please list any restrictions to activity or other information relevant to child's health history: _____

Name of Person who will be picking up your child(ren): _____

By signing below, I agree that I have read fully and understand the terms of this agreement, including the Waiver and Release stated on the bottom of this agreement. By signing below, I acknowledge no receipt necessary of a fully completed copy of this contract (consisting of this one page, one sided agreement) unless requested.

Parent/Guardian Print: _____ Sign: _____ Date: _____

FRIENDS/GUEST ONLY

Child Name: _____ Age: _____ EMERG PHONE #: (____) _____ - _____
Email Address: _____

Please list any restrictions to activity or other information relevant to child's health history: _____

Name of Person who will be picking up your child(ren): _____

By signing below, I agree that I have read fully and understand the terms of this agreement, including the Waiver and Release stated on the bottom of this agreement. By signing below, I acknowledge no receipt necessary of a fully completed copy of this contract (consisting of this one page, one sided agreement) unless requested.

Waiver and release

In consideration for my child(ren)'s attendance and participation in the martial arts training offered by (Insert School Name), I the parent/guardian acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve (Insert School Name), it's management, assigned staff and fellow students, and/or agents of the above from any liability resulting from loss, whether personal belongings or bodily injury on the premises leased or owned by (Insert School Name). I also hereby state, that my child(ren) is/are physically fit to take the prescribed course of instruction and do so of my own free will in exchange for an agreed upon fee. I understand there are no refunds under any conditions. I give permission to be added to the email list.

***NO PARTICIPANT WILL BE ALLOWED TO PARTICIPATE UNLESS THIS SIGNED SAFETY FORM IS TURNED IN & COMPLETELY FILLED OUT.**

Waiver and release

In consideration for my child(ren)'s attendance and participation in the martial arts training offered by The Solebury Club, I the parent/guardian acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve The Solebury Club, it's management, assigned staff and fellow students, and/or agents of the above from any liability resulting from loss, whether personal belongings or bodily injury on the premises leased or owned by The Solebury Club. I also hereby state, that my child(ren) is/are physically fit to take the prescribed course of instruction and do so of my own free will in exchange for an agreed upon fee. I understand there are no refunds under any conditions. I give permission to be added to the email list.

***NO PARTICIPANT WILL BE ALLOWED TO PARTICIPATE UNLESS THIS SIGNED SAFETY FORM IS TURNED IN & COMPLETELY FILLED OUT.**

Please check one and return this form to the dojo with payment. Payments are cash only for this event.

1 Child - \$25 _____ 2 Children - \$45 _____ 3 Children - \$65 _____

Parent/Guardian Signature: _____ Date: _____



NIGHT OF THE ZOMBIES!

PARENTS NIGHT OUT

DATE:

Friday October 20th 2017

TIME:

Drop off: 6:30-7 Pick up: 9:30

LOCATION:

Solebury Club Dojo

COST:

1 Child: \$25 2-\$45 3-\$65