

LIABILITY WAIVER-CHILD

Please Print Legibly

Child's name: _____

Age: _____ Date of Birth: _____

Allergies to drugs or foods:

Address: _____

City: _____ State: _____ Zip: _____

Special Medications or pertinent information: _____

Mother's name: _____

Phone: _____ Cell: _____ Work: _____

Father's name: _____

Phone: _____ Cell: _____ Work: _____

Email address for our newsletter: _____

Child's doctor: _____ Phone: _____

Insurance Co.: _____ Phone: _____

Policy #: _____

The above named child has my permission to attend the **North Dallas Martial Arts, LLC. (NDMA)** I confirm that she/he is in good health. I give my permission for **NDMA** officials to call a doctor or the person listed below in the event of an emergency. I will in no way hold **NDMA** officials or staff members responsible for any possible illness, accident or injury which might occur in class sessions or traveling to and from classes.

We require first and last month's tuition, plus a \$10 registration fee. I can also set up a recurring credit or debit card payment to avoid paying the last month's tuition in advance. If my child will not be continuing or will be taking a month off, I will let you know in writing two weeks in advance of the last month or I will forfeit the last month's tuition. I also understand that a \$20.00 late fee will be incurred if payment is not received by the first class of the month and my child will not be allowed to work out.

Person to notify if parent/guardian cannot be reached: _____

Address: _____

Phone : _____ Cell: _____

Parent/Guardian: _____ Date: _____