



# HIAWATHA'S MARTIAL ARTS & FITNESS

## Identification and Emergency Information

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Person(s) to be called in case of an emergency, in the event that parent(s) and/or guardian(s) can not be located.**

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency Hospital of preference \_\_\_\_\_

Any allergies or special handicaps? List any measures to alleviate affects: \_\_\_\_\_

\_\_\_\_\_

Is your child on any medication? Yes \_\_\_ No \_\_\_, If yes please specify: \_\_\_\_\_

\_\_\_\_\_

Person(s) to who your child may be released to: **Name and Relationship**

\_\_\_\_\_

\_\_\_\_\_

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

Student's Signature (21 & over): \_\_\_\_\_ Date \_\_\_\_\_