



HIAWATHA'S MARTIAL ARTS

Identification & Emergency Information

STUDENT NAME: _____ DOB: _____

ADDRESS: _____ PHONE: _____

GUARDIAN/MOTHER: _____ CELL PHONE: _____

EMPLOYER: _____ BUSINESS PHONE: _____

GUARDIAN/FATHER: _____ CELL PHONE: _____

EMPLOYER: _____ BUSINESS PHONE: _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____

RELATIONSHIP: _____ PHONE: _____

EMERGENCY HOSPITAL PREFERENCE: _____

ANY ALLERGIES OR SPECIAL CIRCUMSTANCES?: _____

ANY MEDICATIONS: Y/N: _____ PLEASE SPECIFY: _____

PERSON(S) TO WHO YOUR CHILD MAY BE RELEASED:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

GUARDIAN/PARENT SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE (21& OVER): _____ DATE: _____

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