



# AFTER SCHOOL PROGRAM

W.C.M.A. • 1645 W MAIN ST, SUITE 4 • LEBANON, TN 37087 • (615) 788-7544

*Please use a separate form for each child.*

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_  
Name of Parent or Legal Guardian \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Phone: Home (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone: Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Emergency Contact Name (other than Parent) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
List any allergies or medical conditions: \_\_\_\_\_ Bringing an Epi-Pen? Yes or No  
School \_\_\_\_\_  
School Address \_\_\_\_\_  
Time of Dismissal \_\_\_\_\_

Please List Persons besides yourself that have permission to pick up your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Company \_\_\_\_\_

Card Number/Policy Number \_\_\_\_\_

Doctor's Name and Phone Number: \_\_\_\_\_

## Parental Permission Form

*This section must be completed by a parent/guardian for all program registrations*

I certify that my child, \_\_\_\_\_, is healthy and free of problems that could be deleterious to his/her participation in the World Classic Martial Arts After School Program. In case of injury, I wish to be contacted as soon as possible at the telephone number listed above. If I cannot be reached, please contact the emergency number that I have listed above. I also give W.C.M.A. permission to treat my child in the event of an emergency if I or the emergency contact cannot be contacted. In the event of serious illness or injury, and so that my child may be sent to a local hospital via ambulance. I understand that I am responsible for all charges either through health insurance or otherwise. Also, if programs or classes meet or travel to other areas, I give my permission for my child to be transported there by a W.C.M.A. authorized driver.

Pediatrician's Name and Telephone Number \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

I give permission to World Classic Martial Arts (W.C.M.A.) to photograph my child \_\_\_\_\_ who is participating in a W.C.M.A. program or class. I also give my permission to World Classic Martial Arts to use the photographs of my child for promotional purposes, including but not limited to the W.C.M.A. website, Annual Report, Newsletter, Summer Camp Guide, and other marketing communication materials.

Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE PRINT CLEARLY USING BLUE OR BLACK PEN