



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 _____