

**Weber Institute of Applied Sciences and Technology
Martial Arts Club**

PARENT PERMISSION AND STUDENT INFORMATION

I give my child permission to participate in the Martial Arts Club.

Student's Name

Grade

Date of Birth

Parent/Guardian's Name (Please print)

Signature

Today's Date

Home Address

City

Zip

Home Phone

Work Phone

Cell Phone

EMERGENCY CONTACT INFORMATION

In case of emergency please contact:

Name

Relationship

Phone

Does your child have health coverage?

_____ Yes

_____ No

Name of Medical Insurance

Policy/ Insurance #

Medical History that may be of importance

Medication Student is taking

List any Allergies

Name of Child's Doctor

Telephone

***In case of an emergency involving my child, I give permission for the Stockton Unified School District staff or volunteer(s) to seek emergency medical treatment for my child and to act as guardian in permitting medical treatment if unable to reach me.**

I understand that all emergency and/or medical costs are my responsibility.

Parent/Guardian Name

Signature

Date

RELEASE OF LIABILITY

***I understand the Stockton Unified School District assumes no responsibility or liability for injuries/illnesses of my child. I further understand that I hold the Stockton Unified School District, Weber Institute, its officers, agents, employees, and volunteers harmless from any and all liability or claims which may arise out of my child's participation in the Martial Arts Club.**

Signature of Parent/Guardian _____ Date _____

STUDENT RELEASE PICK UP POLICY

As parent/guardian, I understand that the Martial Arts Club will begin at 3pm and will end by 4:00pm on Friday (Subject to change). In order to be released to go home from the Martial Arts Club, a **student's parent MUST be there to pick them up or have a written permission to walk home or by one of the individuals listed below.**

Parent/Guardian Signature

Date

When I am unable to pick my child up, I give permission to the following people to pick up my child

Name/Relationship

Phone Number

Name/Relationship

Phone Number

Name/Relationship

Phone Number

***REMEMBER:** Please pick up your child on time. The Martial Arts Club ends promptly at 4:00p.m. on Friday (Subject to change). If students are not picked up by these times, School staff or volunteers will have no choice but to contact law enforcement or other authorities to pick them up. *Please note: Excessive tardiness in picking up your child may result in his/her dismissal from the Martial Arts Club.*

PERMISSION TO EVALUATE PROGRAMS AND TRACK STUDENT PROGRESS

I give permission for the Martial Arts Club Advisor to review my child's school data (test scores, report cards and other measures), for the purpose of assessing the academic effectiveness of the Martial Arts Club. I also give permission for Martial Arts Club advisor/staff to monitor my student's progress and to give my child evaluation surveys to find out if services are helpful for my child.

Parent/Guardian Signature

Date

PHOTO/VIDEOTAPING RELEASE

During your child's attendance in the Martial Arts Club, s/he may be participating in an activity that is being photographed or videotaped; these photographs/video recordings may be used for promotional purposes.

My child ___ may ___ may not be photographed/videotaped by the program for promotional purposes.

***As parent/guardian, I understand that I hold Stockton Unified School District, its officers, agents, and employees harmless from any and all liability or claims which may arise out of or in connection with my child's being photographed or videotaped while participating in the Martial Arts Club.**

Parent/Guardian Signature

Date

WAIVER OF PICK UP POLICY (OPTIONAL)

If I arrive later than the dismissal time or am unable to pick up my child after the end of the Martial Arts Club, my child has permission to follow the procedure marked below:

- I give my child permission to walk home or use public transportation unsupervised to return home.

***As parent/guardian, I understand that I hold the Stockton Unified School District, its officers, agents, and employees harmless from any and all liability or claims, which may arise out of or in connection with the Martial Arts Club, pick up policy.**

Signature of Parent/Guardian

Date