



After-School Programs  
Summer Camps  
March Break Camps

Watson's Family Karate School/  
9-40 Engelhard Dr.  
Aurora, On L4G 6X6  
905 727 7144  
WWW.WATSONSFAMILYKARATE.COM

### Registration and Medical Information

Please Print

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender:  M   F  Home Phone No. \_\_\_\_\_

School: \_\_\_\_\_ E-Mail \_\_\_\_\_

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

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Mother Name \_\_\_\_\_ Father's name \_\_\_\_\_

Address (If different) \_\_\_\_\_ Address (If different) \_\_\_\_\_

Work phone No. \_\_\_\_\_ Work phone No. \_\_\_\_\_

Other phone No. (cell/pager) \_\_\_\_\_ Other phone No. (cell/pager) \_\_\_\_\_

Custody:  Both   Mother   Father  Does Child reside with both  Mother   Father

Should an emergency occur and you cannot be reached. Please give the name address and phone no of a friend or relative who would assume responsibility for your child. (Please provide two emergency contacts.) If at any time emergency medical treatment is necessary for my child. I give my consent for it to be given. I understand that every effort will be made to contact the parents and/or emergency persons listed.

1. Name: \_\_\_\_\_ Phone no. \_\_\_\_\_ cell no. \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone no. \_\_\_\_\_ cell no. \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Other persons authorized to pick up my child and relationship: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_ Health card no \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

#### PERSONAL DATA

We want your child's experience to be the best if can be! Please help us by listing any and all relevant social and health concerns or conditions.

Social: \_\_\_\_\_

Health: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special needs: \_\_\_\_\_

Has your child been immunized as required by the Education Act? Yes \_\_\_\_\_ No \_\_\_\_\_ Does your child require car seat? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, why has this child not been immunized? \_\_\_\_\_

Please register my child for: After School Program \_\_\_\_\_ March Break Camp \_\_\_\_\_ Summer Camp \_\_\_\_\_

(check all appropriate) Full time \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Half day Camps only \_\_\_\_\_

Admission Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

In registering and permitting my child to attend any Watson's Family Karate School. I the undersigned parent, guardian or other duty authorized party hereby agree as follows.

- To permit my child to participate in the full range of activities.
- I agree to let my child go on supervised excursions outside the facility name above.
- I understand that photographs and/or video taken during the programs may be used in promotional material.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_