

Date _____

This form must be completed, signed, and faxed to our office

Youth Application

(To be completed by the parent or guardian)

Youth Information ___ Male ___ Female

Name _____ Age _____ Date of Birth _____

Address _____

City _____ ST _____ ZIP _____

Home Phone _____ Mobile Phone _____

School _____ Grade _____

Parent Information

Parent/Guardian _____ Relationship _____

Work Phone _____ Mobile Phone _____ Email _____

Parent/Guardian _____ Relationship _____

Work Phone _____ Mobile Phone _____ Email _____

Emergency Contact

Name _____ Relationship _____

Work Phone _____ Mobile Phone _____

Please circle the days of *ANTICIPATED* attendance: M T W T F

How will your child travel to and from the COR Center?

Arrival _____

Departure _____

I understand that transportation and travel arrangements are not the responsibility of the COR Youth Martial Arts & Leadership program operation, and I assume full responsibility for the method, safety, and security of my child's travel to and from the COR Center for Martial Arts & Service Leadership.

Parent/Legal Guardian's Signature

Date

Applicant's Name _____

Members of the Household

Name	Age	Sex	Relationship

Why do you and your child want to participate in this program?

Briefly describe your expectations for the COR Youth Martial Arts and Leadership Program.

Authorized Pick-up

By completing the information below, you are authorizing these people to sign out and transport your child; however, for your child's safety you should notify COR center staff prior to pick-up.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

In the event that my child should have a sudden illness or accident at the COR center, I understand that COR staff will attempt to reach me for instructions. If I cannot be reached immediately or if COR staff views the situation as critical, I understand that 911 will be called, and I consent to any emergency treatment that is recommended by the paramedics or emergency room physicians. It is understood that effort will be made to contact the undersigned before treatment is given, but that emergency treatment will not be withheld if I cannot be reached. It is also understood that I will be responsible for all costs involved in treatment of this minor child.

 Parent/Legal Guardian's Signature

 Date

Applicant's Name _____

Please read this carefully before signing:

I understand that I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- _____ Completed Application
- _____ Consent and Release Form
- _____ Health History Questionnaire
- _____ Policy/Procedures Consent Form

Parent/Guardian Signature

Date

COR STAFF USE ONLY

Date Received

Received By

Signature of COR Staff