

Cape Fear Isshin-Ryu

Medical Information Form

Name of student: _____ Age _____

Parent/Guardian Information:

Name _____ Relation to student _____

Phone # (H) _____ (W) _____ (Cell) _____

Address _____

City _____ State _____ Zip _____


Emergency Contacts:


Name _____ Phone # _____

Relation to student _____

Name _____ Phone # _____

Relation to student _____

 Does your child have any restrictions to his/her participating in training in the martial arts or a physical exercise program? Yes or no. If yes, Please explain.

 Does your child have any allergies or medical conditions that we should be made aware of? Yes or no. If yes, please explain.

Family Doctor name/address/phone:

Insurance information:

Provider: _____ Policy # _____

Consent & Release Form

_____ In the event I cannot be reached in an emergency, I hereby give my consent to Cape Fear Isshin-Ryu, its instructors, employees, or any Emergency Medical Personnel to administer or secure any necessary treatment to my child (named above) in the event of an emergency and transport him/her by ambulance if the situation warrants.

_____ I understand that karate and all other Martial Arts are sports involving physical contact and physical exercise. I am aware that my child is engaging in physical exercise and self defense instruction. I understand that it is advisable to contact my child's physician before entering any physical fitness program. My child is voluntarily participating in these activities.

Parent/Guardian authorization: _____ Date_____