DOJOKU MARTIAL ARTS
Child Information Sheet

Child's Name: _____Gender: _____ Birthdate: ____/____/_____ Age: _____

Mother's / Guardian's Name: _____Daytime Phone_____

Father's / Guardian's Name: _____Daytime Phone_____

In case of emergency, after attempting the above phone number (s) please contact:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Other than those listed above, to whom may we release your child?

Name_____ Relationship_____ Phone_____

Name_____ Relationship_____ Phone_____

Name_____ Relationship_____ Phone_____

Does your child have ANY ALLERGIES, MEDICAL CONDITIONS or BEHAVIOR CONDITIONS that we should be considered?

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_____

Physician's Name: _____ Phone: _____

Do you have family medical/hospital insurance? Y / N Carrier:_____ Policy #: _____

In the event that hospitalization is necessary, I prefer that my child be sent to _____

GENERAL NOTES:

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