



I certify that to the best of my knowledge \_\_\_\_\_  
is in good mental and physical health and able to participate in the  
after-school program at Genova Family Karate of Lexington.

**Consent to Emergency First Aid and Transportation:**

I hereby give permission that my child, \_\_\_\_\_, may be given  
emergency treatment by a staff member at Genova Family Karate of Lexington. I  
also give permission for my child to be transported by car, ambulance, or aid car  
to an emergency center for treatment and agree to hold Genova Family Karate of  
Lexington harmless.

Sign: \_\_\_\_\_ Date \_\_\_\_\_

**Consent to Medical Care and Treatment:**

In the event that I cannot be contacted immediately, medical or surgical treatment  
can be administered to my child in the case of an accident or emergency, as  
prescribed by a treating physician, and hold Genova Family Karate and its  
employees harmless.

Sign: \_\_\_\_\_ Date \_\_\_\_\_

**Privacy Policy:**

Genova Family Karate cares about your privacy. Any and all information  
gathered by Genova Family Karate of Lexington will be used for the sole purpose  
of enrolling for Afterschool care. Genova Family Karate of Lexington will not  
share, rent, or sell your information with any third party companies. Genova  
Family Karate of Lexington will safe guard your information. We reserve the right  
to contact you via email, phone, and U.S. postal services. If you wish to not be  
contacted please let our office staff know.

**Transportation Authorization:**

I hereby request that my child, \_\_\_\_\_, be permitted to  
participate in field trips, to the park, or any other activities that would involve  
taking the child out side of the afterschool for his/her benefit in attendance at this  
facility. (summer time only)

I authorize Genova Family Karate of Lexington Afterschool to transport my child  
to and from \_\_\_\_\_ School. Grade \_\_\_\_\_

By Signing below I have read and agree to all terms listed above.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Parents(s) or guardian(s))

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Director/Operator of Staff Designee)