



# Ithaca Karate Harmony with Nature School

120 East King Road, Ithaca, New York 14850 (607)273-8980  
Kathleen Garrity, Director/Teacher [www.ithacakarate.com](http://www.ithacakarate.com)

## **Juniors Application & Medical Release Form**

• Name: \_\_\_\_\_ • Date of Birth: \_\_\_\_\_

• Parent/Guardian Name: \_\_\_\_\_

• Address 1: \_\_\_\_\_

• Phone: \_\_\_\_\_ • Cell Phone: \_\_\_\_\_

• Email: \_\_\_\_\_ • Best way to contact you: \_\_\_\_\_

• Parent/Guardian Name: \_\_\_\_\_

• Address 2 : \_\_\_\_\_

• Phone: \_\_\_\_\_ • Cell Phone: \_\_\_\_\_

• Email: \_\_\_\_\_ • Best way to contact you: \_\_\_\_\_

• School presently attending: \_\_\_\_\_

• Physical condition at present: Excellent (  ) Good(  ) Fair(  ) Poor(  ) Very Poor(  )

• Any serious disease or injury in past? \_\_\_\_\_

• If your answer to above question is affirmative, did you receive permission from your doctor to enroll in this school? Yes (  ) No (  ) Not necessary (  )

• Do you have athlete's foot? Yes(  ) No (  ) *If yes, you must wear clean training shoes in class.*

• How did you hear about our programs? \_\_\_\_\_

.....  
I understand that it is my responsibility not to abuse my physical energy and strength but only use them for good and constructive causes. I will act with a respectful attitude towards myself and others - inside this school and everywhere in daily life. I will also respect the rules and protocol set by this school.

I, \_\_\_\_\_, agree that my enrollment and participation are voluntary, and I release, indemnify and hold harmless Ithaca Karate Harmony with Nature School for any claims or costs, demands or expenses (including legal fees), losses or damages, liabilities, injury or death to any person or property, or other loss arising out of my participation in or presence at any class, activity or function of this school.

I also agree that the instruction fee for this camp is payable in full and non-refundable at the beginning of camp, regardless of the number of camp days I attend.

I have read and understand this agreement:

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## ***Juniors Application & Medical Release Form***

Medical Release:

I give Kathleen Garrity and/or Robbie Sanders permission to authorize medical treatment, in the case of an emergency, for my child:\_\_\_\_\_.

\_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_  
date

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Family Physician \_\_\_\_\_  
name phone

Emergency Phone Numbers: \_\_\_\_\_  
\_\_\_\_\_  
name phone