



Chuck Norris T.E.A.M. Karate Program

Start-up Permission Form (Required for each student at beginning of school-year)

School Pflugerville Middle
ID# _____
Home Room _____
PE Coach _____

School Year 13/14
Grade: 6 7 8 ~~9~~ ~~10~~ ~~11~~ ~~12~~
Period: 1 2 3 4 5 6 7 8
Date _____

Annual Registration Fee \$125.00

Amount Paid \$125.00

* Fee: Each student is required to have a white karate uniform from KICKSTART. ALL students MUST wear a uniform to attend class. NO EXCEPTIONS. Any lost or stolen uniforms must immediately be replaced to continue classes, at a charge of \$15.00 to the student.

Parent's Approval, Liability Release, and Emergency Medical Authorization

I hereby certify that my child _____ has my approval to participate in the Martial Arts program(s) offered per above by the KICKSTART Foundation. I agree by signing this to assume all risk of personal injury that my child may suffer while participating in the KICKSTART Martial Arts program and all related activities (the "Program") and do hereby release and discharge the KICKSTART Foundation and all of its officers, directors, employees and volunteers individually and collectively from all liability, including claims, expenses, causes of action, damages and lawsuits at law, or in equity for any injury or damage which my child may suffer as a result directly or indirectly from participation in the KICKSTART Program. In the event my child is injured or ill, I hereby grant permission to school and/or KICKSTART officials and employees to render, secure, and/or authorize necessary medical treatment for my child.

I grant permission to the KICKSTART Foundation for my child (a) to be photographed, recorded and/or interviewed in connection with the Program and for the photographs, recordings and interview materials to be used and released publicly and (b) to participate in an evaluation of the KICKSTART Program conducted by an external evaluator. (All evaluation participants are guaranteed confidentiality; the evaluator will not share individual student information collected during the evaluation process with anyone and the information will not be used as part of the KICKSTART class assessment process.) I agree to participate in the Program and the assessment process without financial remuneration, and I understand that this releases the KICKSTART Foundation and any photographer/interviewer/evaluator from any future claims, as well as from any liability arising from the use of said photographs, recordings, interviews and evaluations. I also grant permission for KICKSTART to contact my child in the future concerning the KICKSTART Program and related events and opportunities.

Please Print

My insurance company is _____

Policy # _____ Group # _____

Student's Name _____ Date of Birth _____

Address _____

Parent/Guardian _____

Telephone _____ Emergency Phone _____ Parent/Family Email _____

Student's Signature _____ Date _____

Parent's Signature _____ Date _____