



**Tiger's Den Martial Arts & Fitness  
Pre K Academy Program  
2012-2013 School Year**

Today's Date: \_\_\_\_\_ Enrollment date: \_\_\_\_\_ Withdrawal date: \_\_\_\_\_

**Please print clearly and answer all questions.**

**Tiger's Den Facility: \_\_\_\_\_ Clear Lake \_\_\_\_\_ League City \_\_\_\_\_ Seabrook**

**Director's Names: Carolina Hillail-Clear Lake Sara Stolle-League City Layla Hillail-Seabrook**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Child's Home Phone #: \_\_\_\_\_  
 \_\_\_\_\_  
 Child's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
 \_\_\_\_\_

***Parent Information***

Father's Name \_\_\_\_\_ Address if different from child \_\_\_\_\_  
 \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Address if different from child \_\_\_\_\_  
 \_\_\_\_\_

***Parent contact Phone Numbers***

Father's Home Phone \_\_\_\_\_ Father's work Phone \_\_\_\_\_ Father's Cell/Pager Number \_\_\_\_\_  
 \_\_\_\_\_  
 Mother's Home Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_ Mother's Cell/Pager Number \_\_\_\_\_  
 \_\_\_\_\_

***In case of emergency name and phone number of person we may call if parents cannot be reached.***

Name of Person \_\_\_\_\_ Relationship to child \_\_\_\_\_ Contact Number \_\_\_\_\_  
 \_\_\_\_\_

***I hereby authorize Tiger's Den-Clear Lake, LLC & Tiger's Den League City, LLC to allow my child to leave the childcare facility with the following people:***

_____	_____	_____
(Full Name)	(Full Name)	(Full Name)
_____	_____	_____
(Address)	(Address)	(Address)
_____	_____	_____
(Phone Number)	(Phone Number)	(Phone Number)


**Check all that APPLY:**

- Transportation:** I hereby  give  do not give – my consent for my child to be transported and supervised by facility employees:  from school  on field trips
- Water Activities:** I hereby  give  do not give – my consent for my child to participate in water activities:
  - Sprinkler play  splashing/wading pool  swimming pools  water play
- Field Trips:** I hereby  give  do not give – my consent for my child to participate in Field Trips:

Parent's Comments: \_\_\_\_\_

**Receipt of Written Operational Policies**

I acknowledge receipt of the operational policies including those for discipline and guidance. **(ATTACHED)**

 Signature of Parent or Legal Guardian: \_\_\_\_\_

My child is enrolled at:

Name of Public/Private School: \_\_\_\_\_

Grade child is enrolled in: \_\_\_\_\_

**In order to communicate better with all parents we would like for you to please give us your email address we will send weekly emails and monthly newsletters to keep our parents informed of events. We will also send emails to parents/guardians when an unexpected closure of school occurs due to severe weather.**

**Father's Email:** \_\_\_\_\_ **Mother's Email:** \_\_\_\_\_

**Check All That Apply:**

- My child's immunization record is on file at the school and all immunizations and tuberculosis test are current. Current Vision and Hearing screening records are also on file.
- I hereby understand that Tiger's Den-Clear Lake, LLC, Tiger's Den League City, LLC is not responsible for providing my child with meals or snacks while in attendance. It is my responsibility to provide lunch or snacks for my child daily.

***List any problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of; if there are none please write NONE on the space provided below:***

\_\_\_\_\_  
\_\_\_\_\_


**Authorization for Emergency Medical Attention:**

In the event that I cannot be reached to arrange for medical attention, I authorize the person in charge to take my child to:

Name of Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_


Name of Hospital: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I give consent for Tiger's Den Clear Lake, LLC, Tiger's Den League City, LLC or Tiger's Den Seabrook to secure any and all necessary emergency medical care for my child in the event of illness or accident.

 Signature of Parent/Guardian: \_\_\_\_\_

**WAIVER & RELEASE:** I and my child(ren) fully recognize the risks of injury and/or illness inherent in participation in any fitness or martial arts program, and we represent to the School that we have taken all reasonable steps to determine, and hereby warrant, that we are in good health and physically capable of participating in the programs and courses of instruction offered by the School. We acknowledge that the School shall make no, and shall have no responsibility to make any independent evaluation of our physical health or fitness. We understand and agree that all participation in any such fitness program or use of the School's facilities or equipment on or off the premises of the School shall be at our own risk.

We hereby release, indemnify, and hold harmless the School and its officers, directors, employees and agents, from and against any and all claims, demands, damages, costs and liabilities of any kind of nature, including attorney's fees and costs, for injury to or death of myself or my child(ren), or of any person or persons who become entitled to use the facilities of the School by virtue of our membership, or any third persons, which arise directly or indirectly out of or in connection with our participation in any program or course of instruction either on or off the premises of the School, or by virtue of our presence at the School or at any of the School's off-premises events, whether or not in fact we or such other persons are then participating in any particular program or event. We understand and agree that the School shall not be responsible for the conduct of other users of the School or its facilities or equipment, or participants in the School's off-premises programs, or for any injury or death or damage to property resulting from such conduct, and we shall not bring any action or proceeding against the School for any payment compensation or claim for any loss of life or injury caused by any such user.

 Signature of Parent/Guardian: \_\_\_\_\_