

STUDENT INFORMATION

Student First Name _____ Last Name _____

Date of Birth _____ / _____ / _____ Gender _____

Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Primary Language Spoken in Home _____

T-Shirt Size: Youth XS S M L Adult S M L

STUDENT MEDICAL INFORMATION

Primary Hospital _____

Primary Diagnosis _____

Primary Physician _____ Physician Phone Number _____

Any known allergies or other medical conditions _____

PARENT OR LEGAL GUARDIAN INFORMATION

Guardian First Name _____ Last Name _____

Relationship to Student: MOTHER FATHER OTHER LEGAL GUARDIAN

Address (if different) _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____

Email Address _____

What is your preferred method of communication? Phone Email Text

Additional Guardian First Name _____ Last Name _____

Relationship to Student: MOTHER FATHER OTHER LEGAL GUARDIAN

Address (if different) _____ City _____ State _____ Zip _____

Home Phone (if different) _____ Cell Phone _____ Work Phone _____

Email Address _____

What is your preferred method of communication? Phone Email Text

How Did You Hear About Us? _____



CONSENT AND PERMISSION

1. I am the parent/legal guardian of the patient and all participating siblings listed below.
2. I understand that the MATIO Pediatric Healing Program is a combination of meditation, karate forms, visualizations, and breathing techniques. There is no sparring or board breaking that would pose a unique danger to children. However, in any physical activity there is always the threat of accident or injury. I understand that the MATIO (dba Kids Kicking Cancer, Inc.) accepts no responsibility and is not liable for any injury to my child(ren) as a result of their participation in martial arts therapy programs. I accept full responsibility for the safety of my child(ren) while participating in MATIO programs.
3. I understand that the MATIO accepts no responsibility for the loss, damage or theft of personal property.
4. I grant full permission for communication and sharing information between MATIO staff and hospital/medical staff as it relates to my child(ren's) care and involvement in MATIO programs.
5. I grant full permission for my child(ren) to participate in MATIO programs, which may include transportation, class activities, trips, outings and meetings.
6. I grant full permission to the MATIO, their agents, representatives and appointees to photograph and/or videotape my child(ren) and to use, publish and release for publication such photos relating to the MATIO program. May include MATIO website and social media. The name(s) of my child(ren) may be used in connection with the above-stated photographs with the understanding that there will be no exploitation of my child(ren) and that any photographs and/or videos will conform to good standards of taste.

PARTICIPATING SIBLINGS

List Participating Siblings Below	Gender	Date of Birth	Any Allergies / Health Concerns?	T-Shirt Size
Name _____				Youth XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> Adult S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>
Name _____				Youth XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> Adult S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>
Name _____				Youth XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> Adult S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>
Name _____				Youth XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> Adult S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>

EMERGENCY CONTACT INFORMATION

Please provide the individuals that your child(ren) may be released to and/or serve as emergency contact:

List Emergency Contacts Below	Relationship to child(ren)	Phone Number
Name _____		
Name _____		

Please sign:

Signature _____ Print Name _____ Date _____

