

# Medical Authorization

www.guardianfamilymartialarts.com



THIS IS A FILLABLE FORM

## Personal Information

First Name

Last Name

Other Family  
members  
registering with  
GFMA  
(contact information  
must be identical)

Home Address

Address (Line 2)

City

State

ZIP Code

Home Phone

Cell Phone

Email

Date of Birth  
(xx/xx/xxxx)

## Parent/Guardian Information

(Required for Guardian FMA students who are under 18 years of age.)

First Name

Last Name

Relationship

Home Phone

Cell Phone

Work Phone

E-mail

## Medical Information

Medical Insurance  
Company

Policy Number

Group Number

Primary Named  
Insured on Policy

**Name of Primary  
Physician**

**Primary Physician  
Phone #**

**E-mail**

**Emergency  
Contact Person**

**Contact Phone #**

**Other Phone #**

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While every precaution is taken to ensure the safety of everyone participating in the Zen Ryu Martial Arts-style program, I understand that karate is a full contact sport and as such bruises are not uncommon. I also understand the inherent risks that are involved in participating in the martial arts and hereby release Sovereign Grace Church, its staff, employees, and volunteers from responsibility and liability for any injury or illness sustained during the Martial Arts program and its related activities. In addition, we recommend that you may want to check with your doctor before beginning the Martial Arts training.

In Case of An Emergency, I hereby authorize an adult leader of the Martial Arts program as an agent for me, to consent to any X-ray examination; medical, dental, or surgical diagnoses or treatment; and/or hospital care, which is advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or a hospital. If it is my child or the child I am a guardian of, I expect to be contacted as soon as possible and before hospitalization or surgery is administered (unless the injury/illness is life-threatening.)

I agree to these conditions and I am giving my permission for participation in the Zen Ryu-style Martial Arts Program held at Sovereign Grace Church Dayton and release of liability as stated above.

**Signing for my  
child or a child in  
my care.**

*(Required for  
students under 18  
years of age.)*

**Signing  
for Myself**

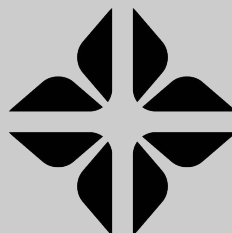
**Signature**

**Date**

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**PLEASE PRINT, SIGN, DATE, AND HAND IN PRIOR TO YOUR FIRST SESSION**

Guardian Family Martial Arts is in partnership with Sovereign Grace Church Dayton.  
Visit [www.sgcdayton.org](http://www.sgcdayton.org) for more information about the church.



SOVEREIGN GRACE CHURCH  
**DAYTON**