



AFTER-SCHOOL FREE TRIAL OFFER

5484 Land O' Lakes Blvd. * Land O' Lakes, FL 34639 * (813) 989-2692 * mpkcstaff@verizon.net

REQUESTED DATE / DAY OF FREE TRIAL

Date: ___/___/___ Day: _____ (Please confirm availability with MPKC)

STUDENT INFORMATION

Student Name: _____

Grade: _____ School: _____ Teacher Name: _____

Date of Birth: ___/___/___ Age: ___ Gender: ___ Male ___ Female

MEDICAL ISSUES / PHYSICAL LIMITATIONS / INJURY / ILLNESS

___ Yes OR ___ No (If "Yes" please describe: _____)

FOOD ALLERGIES / DIETARY RESTRICTIONS

___ Yes OR ___ No (If "Yes" please describe: _____)

AUTHORIZATION OF TRANSPORTATION

I hereby authorize Mark Pinner Karate Clubs to transport my child from school, on field trips and / or to medical facilities including urgent care and hospitals, and other locations as deemed reasonable by MPKC.

* My child may be seated in the front passenger seat of the MPKC van if needed at the time of transportation ___ Yes OR ___ No

* My child will need a booster seat: ___ Yes OR ___ No (If yes you will need to drop off at MPKC before Start Date below)

PARENT / GUARDIAN CONTACT INFORMATION

Parent Name: _____ Cell#: _____

Email: _____

PREPARE FOR THE TRIAL AS FOLLOWS:

1. Notify your child's School and Teacher that Mark Pinner Karate Clubs will be picking them up on the trial date specified above.
2. Your child should dress for school in something suitable for light exercise that will not require changing.
(If you choose to enroll in the program an MPKC Karate Uniform is required)
3. Please pack a non-spill water bottle for hydration.
4. Parent pick-up at MPKC is from 5:45 PM - 6:00 PM. Please be on time!
5. If your child is absent or unable to attend please notify us by text at (813) 989-2692 before 12:00 PM / Noon on the trial date to prevent unnecessary delays in the bus line attempting to locate your child.

PARENT / GUARDIAN SIGNATURE

The above information is complete and correct. I have also read, understand and agree to comply with the following:

- * After-School Program Policies
- * Liability Waiver / Release (Signed Copy Required)
- * Rules & Etiquette

PARENT / GUARDIAN SIGNATURE: _____ **DATE SIGNED:** ___/___/___

PRINTED NAME OF PARENT / GUARDIAN: _____

TO BE COMPLETED BY MPKC: Date Received: ___/___/___ Date Approved / Added to Pick-Up Roster: ___/___/___
 Signed Waiver (Date Received: ___/___/___) Other Instructions: _____