

# STUDENT REGISTRATION



## 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? \_\_\_\_\_

Fax: 248-864-8245

Tel: 248-864-8238



HeroesCircle.org

27600 Northwestern Highway, Suite 220, Southfield, MI 48034

## CONSENT AND PERMISSION

1. I am the parent/legal guardian of the patient and all participating siblings listed below.
2. I understand that the Heroes Circle 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 Heroes Circle (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 Heroes Circle programs.
3. I understand that the Heroes Circle accepts no responsibility for the loss, damage or theft of personal property.
4. I grant full permission for communication and sharing information between Heroes Circle staff and hospital/medical staff as it relates to my child(ren's) care and involvement in Heroes Circle programs.
5. I grant full permission for my child(ren) to participate in Heroes Circle programs, which may include transportation, class activities, trips, outings and meetings.
6. I grant full permission to the Heroes Circle, 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 Heroes Circle program. May include Heroes Circle 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 \_\_\_\_\_

