



DEA EDUCATIONAL FOUNDATION YOUTH Martial Arts PROGRAM

SCHOOL NAME

Day/Time

Name _____ Grade _____ Male/Female _____

Date of Birth _____ Parent/Guardian Name _____

Address _____ Apt _____

Phone _____ E-mail _____

Emergency Contact (Name and Phone) _____

Health Concerns _____

Has your child studied dance before (NO EXPERIENCE NECESSARY) YES NO

T-Shirt Size (Circle One):

Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

PLEASE CHECK ONE: if applicable for after school programs

_____ MY CHILD WILL RETURN TO AFTER SCHOOL CARE

_____ I WILL PICK MY CHILD UP AT **TIME** AFTER CLASS

If someone is picking up your child, please list the name and note that a photo ID may be required: _____

Please note the following:

- DEAEF Youth Martial Arts Program and XS Martial Arts Dojo are not responsible for injury.
- By signing this form, you are giving your permission to have your student photographed/videotaped for informational and educational materials in regards to this program. Also, by signing this form, I hereby grant DEA, ICF and the DEAEF permission to use my student's photograph, video or other digital medial ("photo") in any and all of its publications related to the DEA 360 Strategy, DEA Operation Engage, DEAEF or DEAEF MAP for educational and informational purposes, including web-based publications, without payment or other consideration.
- DEAEF Youth Martial Arts Program strives to build a safe, fun community. As such, the coach has the right to remove a student from class or the program after discussion with, and approval from, the DEAEF YMAP regional manager and school administration for disruptions due to: repeated tardiness, lack of attendance (more than 2 without valid excuse), or behavior that inhibits a safe, harassment-free environment.
- DEAEF YMAP prohibits bringing harmful items of any kind to class.
- In-person classes include possible exposure to and illness from infectious diseases including but not limited to COVID-19. By signing this form, you acknowledge and hold harmless the DEA Educational Foundation and our partners with respect to this risk and to any illness that may arise during your child's participation with the DEAEF and all events related to the DEA Educational Foundation.

Please return this form by **DATE** at the latest to the main office. The class will fill completely so return your form immediately if there is a strong interest. Students must be registered in the program to take part in the DEAEF Youth Lacrosse Program after school.

Parent/Guardian Signature _____ Date _____