



# Childrens' Classes

## Parent Permission Form

The purpose of this form is to ensure we provide every child and/or adolescent with the highest level of care and it should work as complement to the Aiki Kai Australia membership form.

It is important for parents or guardians to understand that for most children, physical activity provides an opportunity for children and adolescents to have fun and promotes the basis for a good health and enhanced quality of life for the future.

However, there are small numbers of children or adolescents who may be at risk when participating in an exercise/physical activity program. We ask therefore that you read and complete this form carefully and return it to the appropriate instructor in charge. The information contained in this form is confidential and is subject to the laws and regulations contained in the privacy law enacted in December 2001.

The information you provide will be used to process your child's application for enrolment. It will only be used or disclosed for the following purposes:

- General student administration relating to the education and welfare of the student
- Communication with students and parents or carers
- To ensure the health, safety and welfare of students, staff and visitors to the Dojo
- For any other purpose required by law
- The information will be stored securely
- It may be used and disclosed to medical practitioners, health workers, other government departments for this primary purpose, or for other, health related purposes.

You may access or correct any personal information by contacting your child's instructor.

If you have a concern or complaint about the way your personal information has been collected, used, or disclosed, you should contact your child's instructor or the National Coordinator for Childrens' Classes at the email address below.

We are required by law to ensure the health and safety of students, instructors and visitors on our premises. It is therefore necessary for you to answer all questions on this form.

The information you provide will assist the Dojo to communicate with you and to care for your child while at the Dojo. Should you choose to submit an incomplete form, it may be delay and the quality of the health services provided to your child in case of emergency.

Please use the alternative emergency contacts fields to nominate a person who may be contacted in the event of an emergency, if parents cannot be contacted. Ideally, the contact person should be someone who is available and close to the Dojo during the training session. Please ensure that you have discussed with the people listed on this form their willingness to be emergency contacts.



**AIKI KAI (AUSTRALIA)**

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# Parent Permission Form P1

## 1 Junior Student details

Student's Name	Date of Birth	M <input type="checkbox"/>	F <input type="checkbox"/>
Parent's/Guardian's Name	Parent's/Guardian's Name		
Parent's/Guardian's Email	Parent's/Guardian's Email		
( ) Home Phone	Mobile Phone	( ) Home Phone	Mobile Phone
Home address	Home address		
City, State, Postcode	City, State, Postcode		

## 2 Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
( ) Home Phone	Mobile Phone	( ) Home Phone	Mobile Phone
Address	Address		
City, State, Postcode	City, State, Postcode		

## 3 Medical Information & History

Preferred Doctor	Phone Numbers
Any Allergies/Special Health Considerations (e.g. Asthma, Cardiovascular problems, back injuries, emotional conditions, etc)	
No <input type="checkbox"/> Yes <input type="checkbox"/>	
Is your child taking any prescribed drug? Especially any that may impair reaction time or judgement? If Yes, What drugs?	
No <input type="checkbox"/> Yes <input type="checkbox"/>	
Has your child suffered any incapacity requiring medical attention in the past 12 months? If yes please provide relevant details)	
No <input type="checkbox"/> Yes <input type="checkbox"/>	

# Parent Permission Form P2

Are you aware of any other physical, social/emotional, or intellectual conditions which may affect your child's activities at the dojo that Aiki Kai Australia should be informed of and might require additional or emergency attention? If yes please describe

No  Yes  \_\_\_\_\_

Has your child ever been excluded from Martial Arts or Sport Club in the past for any reason, including by a medical practitioner or any other person? Please provide details if YES

No  Yes  \_\_\_\_\_

## 4 AIKI KAI AUSTRALIA EVENTS

From time to time we take photos of our children's classes to help promote these classes. No students are individually identified by name. Do we have your permission to use your child in a photo for this purpose? No  Yes

Also at grade demonstration events and other special occasions we often take commemorative group photos, do you want your child to participate in these photos? No  Yes

## 5 EMERGENCY MEDICAL TREATMENT CONSENT

I authorise Aiki Kai Australia to consent on my behalf, where it is impractical to communicate with me or with the emergency contacts listed in this form, for my child receiving medical or surgical treatment and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child as deemed necessary and agree to meet any medical or hospital expenses incurred.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

## 6 DECLARATION OF DISCLOSURE & UNDERSTANDING

I declare that I have read and understood the terms of the training and membership detailed in this form if I did not understand the terms and membership rules I requested an independent person to explain them to me.

Also I hereby certify that all the information contained in the declarations above in respect of the minor applicant is true and accurate and I also acknowledge with my signature my agreement with what is being concurred in this form.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print witness name