

School Name: _____

Session Name: _____

\$ _____
REGISTRATION
FEE

\$ _____
UNIFORM

\$ _____
TOTAL PAID

\$ _____
(_____)
ANY BALANCE
OWED

Paid by: _____ CASH
_____ CHECK #

DO NOT WRITE ABOVE THIS LINE - OFFICE USE ONLY

AMERICAN MARTIAL ARTS ACADEMY

(Registration and Release Form)

*** PLEASE PRINT ***

*** PLEASE PRINT ***

Date: _____ Age: _____ Birthdate: _____ Grade: _____

Name of Student: _____ Phone: _____

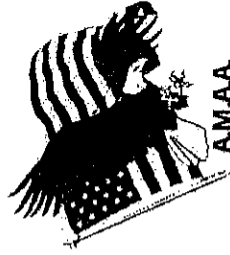
Address: _____ City, State: _____ Zip: _____

Present Rank (if any): _____ Your School: _____

Email: _____

I wish to enroll myself and/or my son or daughter, into the Karate program sponsored by the American Martial Arts Academy Inc. I acknowledge that classes and practice sessions involve hard physical energy, great self-discipline and strict training rules. I further hereby represent that I have no knowledge of any physical conditions which will make me or my children unable to participate in class sessions. Recognizing and being aware of the above facts, the undersigned individually and for his successors, heirs, executors, administrators, and assigns, expressly assumes all risks of injury, resulting either directly or indirectly from the lessons, instructions, contests in this Karate program and hereby releases American Martial Arts Academy Inc., its employees and officers, the school district, and all of its employees, instructors, persons, firms or corporations of and from every claim, demand, right of cause of action of whatsoever kind of nature, for upon, or by any reason of any damage, loss, injury or suffering, which may be sustained because of such lessons, contests, classes, exhibition. I also agree that A.M.A.A. has the right to refuse class sessions to applicants who are disruptive or incapable of participating at general class levels.

Furthermore, in the event of a serious accident, and I cannot be reached immediately, I hereby authorize A.M.A.A. management, staff and/or instructors to act in my behalf for signing the necessary papers required for immediate medical attention. I further agree and consent that any pictures or videos taken or captured of me as a martial arts competitor, student or observer can be used for publicity or promotion in any fashion including publication or broadcasting on television, internet or other mass media by American Martial Arts Academy. I also waive compensation thereto.



Signature of Student (Parent or Guardian if student is under 18 years old)

NOTE: No Refunds After 2nd Class Session

\$35.00 CHARGE FOR CHECKS RETURNED FOR INSUFFICIENT FUNDS.

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by _____

Sponsoring Organization

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Printed

Date

Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not "Feeling Right"
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	"Feeling Down"	Sleep Problems

WHAT IS A CONCUSSION?

A **concussion is a type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places, consciousness should be taken seriously.)
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form