

CONSENT TO EMERGENCY MEDICAL TREATMENT OF A MINOR

While _____ is in attendance at the Kawasaki Rendokan Judo Academy, I understand there are inherent risks associated with leaving my child unattended, and give authority to the instructors to make emergency medical decisions regarding my child and any treatment he or she may require due to injury, until my arrival.

Childs Name and Date Of Birth

Ontario Health Card # of Child

Parent/Legal Guardian

Emergency Phone Number

Date Signed

CONSENT TO PHOTOGRAPH A MINOR

While _____ is in attendance at the Kawasaki Rendokan Judo Academy I give consent to have his or her picture taken, and for the photographs to be used for the purposes of club promotion, which may include social media, newspaper articles, bulletin boards etc.

Childs Name and Date Of Birth

Parent/Legal Guardian

Date Signed