

KAHALA ELEMENTARY SCHOOL
AFTER SCHOOL PROGRAM
Healthy Body/Healthy Mind-MASSAGE COURSE



CONSENT FOR MASSAGE PRACTICING HAVE A MINOR

Dear Parents,

Please read and complete **both sides** of this Consent Form and bring it with you when you and/or your child check in for registration. In the event of an emergency, this form will allow us to help your child without delay.
A separate form must be submitted for each child attending the workshop.
PLEASE PRINT CLEARLY.

I, _____, declare that I am the Father/Mother/Guardian of
(print Father/Mother/Guardian full name)

_____, a minor aged ____, born ____/____, 20____.
(full name of minor) (mo) (day) (yr)

I understand this class is massage course for children. My child will be participating on child-to-child massage practice under professional guidance of certified instructor of FIMASE- Zorka Pinkas-LMT, NCTMBT, CPMT, CIMT. This class is not intended to replace any forms of healthcare.

I, adult student or the child's parent and/or legal guardian, understand the nature of Massage activities and his/her experience and capabilities and believe I am my child to be qualified, in good health and in proper physical condition to participate in such an activity.

RELEASE, INDEMNITY. Recognizing the possibility of physical injury associated with participation in the FIMASE-Relaxation Program. I hereby release and agree to hold harmless and indemnify FIMASE and associated organizations and personnel from and against any claims by or on behalf of my child for any damage against any claim by or on behalf of the participant for any damage or injury he/she or I may suffer including legal fees, as a result of his/her or my participation in the program.

INSURANCE. I understand that I should have health and accident insurance to cover injuries arising from participation in the program(s).

Additional information, if applicable:

Allergic reactions: _____

Present or known medical conditions: _____

Present medications, if any: _____

Any past illnesses or other information that could be useful in the event treatment is necessary: _____

I will not send my child to participate on course if he/she has:

Fever, Acute infection, Illness or disease, Inflammation, skin disorder, broken bones or immunization/vaccination (please wait 48-72hours).

As the parent or guardian of the participant, I hereby consent that he/she may participate in hereby state that the information contained herein is true and complete.

Signature _____

Date _____

IN CASE OF EMERGENCY PLEASE CONTACT:



_____ (name) _____ (relationship)

TEL: _____
(home) (work) (cell)

ADDRESS: _____

FAMILY DOCTOR: _____
(name) _____ tel: _____
(address)

Please complete **ONE** of the following **and** the insurance information at the bottom of the page:

1. I do not wish medical or psychological care of any kind except emergency care

to be provided for _____
(Full name of minor)

Date _____ Signature _____
(Parent or Guardian)

2. I authorize limited care as follows: _____

to be provided for _____
(Full name of minor)

Date _____ Signature _____
(Parent or Guardian)

INSURANCE INFORMATION

Name of Company/Carrier: _____

Address _____

City _____ State _____ Zip Code _____

Policy Holder's Name : _____
(as stated on policy)

Policy Number _____

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

The M School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

DISCLAIMER: FIMASE- provides general information regarding medical research, treatment options, and therapies. The information comes from a variety of sources, and FIMASE does not independently verify any of it. Nothing presented in print or at meetings should be construed as medical or legal advice.



PHOTO RELEASE WAIVER

Please read and sign below.

On occasion FIMASE may use photographs and video to promote the FIMASE to the general public.

I understand that I will not receive compensation in any form from the use of my and my child's photograph or my and my child's photographic likeness and recorded voice. I hereby consent to the use of my and my child's photograph, my child's photographic likeness and recorded voice in any videotape and my name by FIMASE in the FIMASE web site and in any promotional posters, flyers, brochures, printed and electronic ads or electronic media.

Signature _____ Print name _____ Date _____