

Galway Youth Commission—2024

Activity: Karate

Student's Name _____

Address _____

Home Phone _____ Age _____

Name of Parent or Guardian _____

General Information—(Check one)

Gender: Male _____ Female _____

Ethnicity: White _____ Black _____ Hispanic _____ American Indian _____
Asian _____ Other _____

Age Group: 0-4 _____ 5-9 _____ 10-14 _____ 15-17 _____ 18-20 _____

Town of Residence (Check One)

Galway _____ Village of Galway _____ Providence _____ Charlton _____ Milton _____

For people not living in any of the above named towns

Town you live in (Specify) _____

If you live outside the above specified towns, there is a \$15 per year charge for each Youth Commission Program your child participates in.

(FEE IS NOT APPLICABLE TO SKI PROGRAM**)**

In case of emergency and no one else can be reached I hereby authorize those in charge to take any action deemed necessary in my best interest without holding those people responsible. I also understand that the town of Galway carries no special insurance for the Galway Youth Commission programs. I am responsible for any medical expenses resulting from injuries occurring during Galway Youth Commission activities. I give permission for my child to participate in this Galway Youth Commission activity.

Parent's Signature _____ Date _____