



Nova Geração Brazilian Jiu-Jitsu School Pick Up Authorization Form

Student Name: _____

Parent Name: _____

Phone: _____

School name: _____

School address: _____

Student grade: _____

Student teacher's name: _____

School Dismissal time: _____

I authorize my child utilize the school bus of transportation for the NOVA GERAÇÃO AFTER SCHOOL PROGRAM 2018/2019.

*** Note: Maximum capacity is one person per seat belt.**

EMERGENCY CONTACT

In case of emergency, I may be reached at:

Telephone(s): _____

In event that I cannot be reached, please contact:

Name of establishment / person: _____

Telephone (s): _____

Health/accident insurance:

My child is covered by 24-hour student accident insurance or family insurance:

Insurance company: _____ / or I've attached a copy of my family identification card.

___ I do not have insurance. However, I will pay any and all medical bills for the urgent care of my child.

Signature of Parent/Guardian
