

Hung Tao Choy Mei Leadership Institute  
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Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: M – F School \_\_\_\_\_

Grade \_\_\_\_\_ StudentID# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Ward \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ email \_\_\_\_\_

Emergency/Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

**Parent/Guardian Statement:** I hereby give permission for my child to participate in all activities conducted by the Hung Tao Choy Mei Leadership Institute including educational activities at the site, performing and visual arts activities at the site, field trips to arts and educational facilities away from the local site, and sports activities conducted in DCPS public schools and/or DC Department of Parks and recreational facilities. I further grant permission for my child to appear in person or in voice, video or photographic presentation for radio, television, internet or print media reports and or media campaign (s) resulting in participation in this program and its activities. And to complete confidential or anonymous surveys and participation in interviews for evaluation purposes.

Student, or parent or guardian of under aged, represents that he or she is in good physical condition and able to participate in the martial arts and exercise programs made available by the Hung Tao Choy Mei Leadership Institute. Student or guardian fully understands that by using the facilities and participating in our martial arts program that there are possibilities of physical injury. Student or guardian agrees to indemnify the Hung Tao Choy Mei Leadership Institute from any and all liability on the part of the Hung Tao Choy Mei Leadership Institute, instructors, employees and related students, volunteers and members, and understands that it is your responsibility to obtain your own medical insurance coverage. Signer agrees that they will not seek legal action against the Hung Tao Choy Mei Leadership Institute or its instructors or employees to remedy any real or perceived harm resulting from participating at the Institute or at the Institute's sponsored activities.

I (parent/guardian name \_\_\_\_\_ hereby authorize and consent (DCPS Office of the Chief of Staff) or (Name of LEA) to provide information concerning the education of my child, (Name of child) \_\_\_\_\_ to Hung Tao Choy Mei Leadership Institute and Office of Deputy Mayor of Education, Out of School Time Programs. I further authorize (DCPS Office of Chief of Staff or Name of LEA) to release educational records of my child for the current school year to the parties listed above that include the following information: education transcripts, school/program enrollment information, universal student ID, attendance data, credit history, grades, assessment data, IEP information and graduation attainment (12th grade only). This authorization and release shall remain in effect through September 30, 2023. By signing below, 1) I acknowledge and understand that I have the opportunity to review the records to be disclosed and the right to challenge the contents of such records; 2) I am 18 years of age or older; and 3) I am signing this document on behalf of my child because he/she is not

18 years of age.  
Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_