



8950 State Route 108, Suite 117, Columbia, MD 21045

## Information/Registration Form

### PARENT INFORMATION

Parent name:		email:
		Home phone:
Street address		Cell phone:
		How did you discover the Smart Coach Program?
City/State/Zipcode:		
Were you referred to SmartCoach?	Yes No	If Yes, by whom?
Are you in the Military?	Yes No	<b>We offer a Military Discount!!</b>

### STUDENT(S) INFORMATION

Applicant name (1):	Date of Birth:	Age:
Grade:	AD/HD?:	On Medication?:
Applicant name (2):	Date of Birth:	Age:
Grade:	AD/HD?:	On Medication?:

### DESIRED AREAS OF FOCUS

<input type="checkbox"/> Impulsivity	<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Inattentiveness
<input type="checkbox"/> School related	<input type="checkbox"/> Social relationships	<input type="checkbox"/> Family relationships

### IMPORTANT NOTICE

All participants represent that he or she is in good physical condition and able to participate in the exercises and martial arts moves implemented by SmartCoach, Inc. SmartCoach hereby notifies the participants that its personnel or coaches have no experience in diagnosing, examining or treating medical conditions of any kind or in determining the effect of any specific exercise on said medical condition. Participants fully understand that by participating in the SmartCoach programs or using SmartCoach facilities, there is the possibility of accidental or other injury; and as such, the participants hereby agree to assume the risk of such injury and further agree to indemnify SmartCoach and its personnel from any and all liability emanating from or pertaining to their participation in the SmartCoach program.

**By signing below, you certify that you comply with this waiver.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(I certify that I am at least 18 years of age)*

**The truth is when your child is NOT breaking the rules, s/he is being successful. This is the time to give your energy and relationship to your child. CELEBRATE THE ORDINARY MOMENT!**