

MASTER LEE'S MARTIAL ARTS FAMILY TAE KWON DO CENTER



After School Program 2017-18 Registration Form

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

After School Program

(2:35pm-6:00pm)

4 - 5 Days-\$97.00 **3 Days-\$87.00** **1 - 2 Days-\$67.00**

If your child will be in attendance less than 5 days per week, please mark which days we should pick your child up from school.

Mon. Tues. Wed. Thurs. Fri. Number of times per week: _____

PAYMENT INFORMATION

Checking **Savings**

- Name on Acct _____
- Bank Name _____
- Account Number _____
- Bank Routing # _____
- Bank City/State _____ / _____



Visa **MasterCard**

- Cardholder Name _____
- Account Number
_____/_____/_____/_____
- Exp. Date ____/____/____
- CVV (3 digit number on back of card) _____
- Zip Cord _____

OPTION 1: Credit Card Monthly

(Charge Automatically 1 week before the start of each month)

OPTION 2: Payment in Full—Save 20%

(One or Two Payment Options. NO Cancellation or Refunds)

I understand that my credit card will automatically be billed for the current amount due at the end of each normal billing cycle for which my child is enrolled.

Customer Authorization Signature

_____/_____/_____
Date

Student Information

Student's Name:

First: _____ Last: _____ Age: _____ DOB: ____/____/____

First: _____ Last: _____ Age: _____ DOB: ____/____/____

First: _____ Last: _____ Age: _____ DOB: ____/____/____

Parent/Guardian Information

1.) Name: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

2.) Name: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Emergency Contact Information

1.) Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

2.) Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

* Individuals listed as emergency contacts should not be the parent or legal guardian. They should be an individual with whom you trust to make decisions on your behalf in the event we can not get in touch with you.

Individuals Authorized For Pick Up

1.) Name: _____ Relationship: _____

2.) Name: _____ Relationship: _____

3.) Name: _____ Relationship: _____

Parent Statement of Understanding

The following information is important for the safety of your child. Please read this information and sign below.

- I understand that my child will not be released to any person(s) not listed on the enrollment form.
- I understand that my child will not be released to any person(s) who seem to be under the influence of drugs or alcohol.
- I understand that I am not to leave my child at Master Lee's Martial Arts unless a staff member or volunteer is there to receive and supervise my child
- I understand that it is my responsibility to sign my child out before leaving for the day. Sign-out sheets are available as you arrive in the classroom.
- I understand that my child will not be able to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on this form.
- I understand the Master Lee's Martial Arts is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that it is my responsibility to call Master Lee's Martial Arts by 1:30pm if your child will not attend the Master Lee's Martial Arts After School Program for any reason. Our staff needs to know whether or not to pick up your child.
- I understand that unless otherwise instructed by a Healthcare provider, children running a fever of 100' or greater or has recurring vomiting or diarrhea, should remain at home for at least 24 hours after the symptoms have ceased.
- I understand that if the staff feels that the child is not well, or has a fever of 100 degrees or higher, parents will be called and asked to pick their child up. It is the parent's responsibility to make arrangements for the child to be picked up as soon as possible.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

_____/_____/_____
Date

Medical & Insurance Information/Release

PLEASE CHECK & LIST KNOWN ALLERGIES:

MEDICINE _____ FOOD _____

OTHERS _____

REACTIONS: _____

PLEASE LIST MEDICATIONS YOUR CHILD IS TAKING: _____

LIST ANY SPECIAL NEEDS, MEDICAL CONDITIONS AND/OR PHYSICAL LIMITATIONS OF YOUR CHILD:

NAME OF INSURANCE COMPANY: _____

ADDRESS: _____

POLICY HOLDER'S NAME: _____

POLICY #: _____

My signature authorizes the management and staff of Master Lee's Martial Arts to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. I we grant permission for emergency medical treatment and/or routine medical care by the Master Lee's Martial Arts staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases Master Lee's Martial Arts from any and all liability and/or financial responsibility for any medical expenses incurred.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

_____/_____/_____
Date

Behavior Agreement

We want everyday at Master Lee's Martial Arts to be a happy memory for your children. Therefore, we work hard at creating an environment that will allow this to happen. Along with our efforts, we need the children to help us create that environment by following some simple, but effective rules. Below is our Behavior Agreement, please read over it with your children and be sure they understand what it is, and why they are signing it. This will help everyone have a wonderful experience at Master Lee's Martial Arts.

Our basic rules are:

- I will listen to the staff and follow their directions.
- I will respect other people's belongings by not touching/using their stuff without permission.
- I will respect other' personal space by keeping my hands and feet to myself.
- I will not hit or fight other people.
- I will use appropriate language.
- Before leaving the room, I will ask a staff member for permission.
- I will respect other's feelings by having a positive attitude when talking to them and not talking down to others.

Children must wear their seat belts at all times when transported by Master Lee's Martial Arts staff. We will give one warning. If they still do not wear their seat belts, they will be suspended from riding the Master Lee's Martial Arts Vans. Please explain these rules to your children. Not abiding by these rules can result in suspension from the program. All incidents will be handled on a 3 incident system, except hitting/fighting. Hitting/fighting will be a immediate 1-day suspension from the program. All other incidents will be handled as follows:

- 1st Incident: VERBAL WARNING
- 2nd Incident: WRITTEN WARNING/PARENT MEETING
- 3rd Incident: 1-DAY SUSPENSION

Parent's Signature: _____

Date: ____/____/____

Student Signature: _____

Date: ____/____/____

Statement of Authorization

1. My child has permission to be transported by a Master Lee's Martial Arts vehicle and to participate in all Master Lee's martial Arts program activities and related field trips.
2. In the event that your child becomes ill during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for their child to be picked up from camp as soon as possible.
3. In the event that your child or anyone in the immediate household of the camper develops a communicable disease as defined by the state board of health, it is the responsibility of the parent or guardian to notify Master Lee's Martial Arts within 24 hours or the next business day in order for Master Lee's Martial Arts to take proper action, except in the case of life threatening diseases which must be reported immediately.
4. My signature authorizes the management and staff of Master Lee's Martial Arts to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. I we grant permission for emergency medical treatment and/or routine medical care by the Master Lee's Martial Arts staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases Master Lee's Martial Arts from any and all liability and/or financial responsibility for any medical expenses incurred.
5. The parent/guardian authorizes the application of sunscreen and/or insect repellent for his/her child by the staff of Master Lee's Martial Arts.
6. The parent/guardian authorizes their child to be photographed by the Master Lee's Martial Arts staff during classes, camps and other activities sponsored by Master Lee's Martial Arts. Photographs taken will be used for marketing purposes to include, but not limited to, brochures, flyers, pamphlets, posters, social media promotions, books and curriculum related materials.

By signing below you are authorizing all of the above.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Participant Waiver Form

Master Lee's Martial Arts Participant Waiver Form

ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the Master Lee's Martial Arts' programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, sports programs/classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that the Master Lee's Martial Arts and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, field trips, waterfront and pool activities, hiking, or any other activities, classes, events, or programs at and/or sponsored by Master Lee's Martial Arts. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at Master Lee's Martial Arts and/or sponsored by Master Lee's Martial Arts.

I also acknowledge that Master Lee's Martial Arts often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media.

RELEASE

In consideration of Master Lee's Martial Arts allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at Master Lee's Martial Arts and/or sponsored by Master Lee's Martial Arts, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge Master Lee's Martial Arts and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of Master Lee's Martial Arts and its employees, agents, or representatives or from some other cause. My agreement to release Master Lee's Martial Arts does not include any loss, damage or injury that results from the Master Lee's Martial Arts' gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge Master Lee's Martial Arts and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any such materials.

INDEMNIFICATION

I hereby represent and warrant to Master Lee's Martial Arts that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against Master Lee's Martial Arts arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend Master Lee's Martial Arts from and against any and all liability, claims, losses, costs, expenses or damages resulting there from, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of Master Lee's Martial Arts or from some other cause.

ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver Form.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

_____/_____/_____
Name(s) and Age(s) of Participant(s) under the Age of 18. _____

Student Registration Agreement

PLEASE READ AND SIGN

I hereby grant permission for my child to be transported by the Master Lee's Martial Arts staff for activities outside the school facility; including, but not limited to: local parks, area farms, movie theatre, swimming pool, bowling alley, ice skating rink and other events and field trips. I understand that notice of such outings will be notified prior to any trip. In case of medical emergency, I understand that every effort will be made to contact me or my emergency contact. If I or someone on the emergency form cannot be reached, I give Master Lee's Martial Arts staff members permission to secure the medical treatment necessary for my child; including hospitalization.

I understand that Master Lee's Martial Arts assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports program, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness which may result from his/her participation in these activities and I hereby release and discharge Master Lee's Martial Arts, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which he/she may suffer as a result of his/her participation in these activities. I understand that Master Lee's Martial Arts is not responsible for personal property lost or stolen while members and/or program participants are using Master Lee's Martial Arts facilities or on Master Lee's Martial Arts premises. According to the code of Virginia 63.2-1715, Master Lee's Martial Arts camp program allows children to enter and leave the premises without permission or supervision. This disclaimer also extends to the facilities used in the commission of the child care program. I give permission to Master Lee's Martial Arts to use, without limitation or obligation, photographs, film footage, my child's image or voice for purpose of promoting or interpreting Master Lee's Martial Arts programs.

I acknowledge the Waiver and accept the conditions set forth above and understand the Goals and purposes of Master Lee's Martial Arts. I agree to adhere and abide by the policies of Master Lee's Martial Arts.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date