

# Master Lee's Martial Arts

## After School Program Registration Form



### Student Information

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

### After School Program (2:35pm-6:00pm)

4 - 5 Days (\$105.00)       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 them up from school.  
 Mon.       Tues.       Wed.       Thurs.       Fri.

### Payment Information

**OPTION 1: Bank Account Monthly**

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

**Checking**       **Savings**

Name on Acct \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Bank Routing # \_\_\_\_\_  
Account Number \_\_\_\_\_

**OPTION 2: Credit Card Monthly(3% )**

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

Card Holder Name: \_\_\_\_\_  
Credit Card Type:      Visa      MasterCard  
Credit Card #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Expiration Date: \_\_\_/\_\_\_      Security Code: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

**OPTION 3: Payment in Full—Save 10%**

(One or Two Payment(5%) Options. NO Cancellation or Refunds)

*I understand that my credit card or bank account 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*

### 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 Authorized For Pick Up

1.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
2.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
3.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Parent Statement of Understanding

- 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 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.
- I understand that 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.

\_\_\_\_\_  
*Printed Name of Parent/Guardian*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date*

## Statement of Authorization

- My child has permission to be transported by a Master Lee's Martial Arts vehicle.
- 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, except in the case of life threatening diseases which must be reported immediately.
- 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. 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.
- 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*

## 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

# 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.

### 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.

### 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. \_\_\_\_\_