

Dragonz Martial Artz - After School Care Program

3 Kingswood Dr, Unit 102, Hammonds Plains , Canada, NS, B4B 1K4, 647-401-8780

Contact Info

Student Name * _____

Birthday * _____

Parents Names * _____

Email * _____

Address 1 include, city, country, postal code * _____

Home and Mobile Phone Number * _____

Emergency Contact Name and Number * _____

General Information

Do you High Blood Pressure, Asthma, Diabetes, or a Heart Condition? * Yes No

Are you signing as a parent or guardian? * Yes No

My child attending the After School Care program is able to use the washroom independently *

School Name * _____

Teacher's Name and Grade * _____

Dismissal Time * _____

Does your child require a booster seat or car seat? If so, will you leave with us * _____

Who has your permission to pick up your child from After School care *

Any specific Pick up requirements? *

Any Allergies or illnesses we should be aware of? Any Other Health Conditions? *

Please Provide any more Details:

Payment fee Terms and Conditions

I, the signing parent and or guardian, agree I will pay all dues and fees according to the following Terms and Conditions of Dragonz Martial Artz After School Care Program: 1) At the time of signing, an amount equal to two (2) months fee is due. These funds will be applied to the cost of September and June, the first and last month of the program. In the case of default accounts, any remaining funds paid for June may be applied to your owing balance. 2) Beginning October 1st, and on the 1st of each month thereafter, your fee will be due. 3) Member accounts with fees not paid by the 15th of the month will be subject to a \$25.00 late fee, for each occurrence. 4) Missing or being late on your payments for two (2) consecutive months will put your account in default and may result in a loss of your position in the program. You will not be entitled to any refunds or fees already paid if you default. In the case of a cancellation in participation, funds held for your June payment may be applied against your owing balance. 5) Should you cancel your position in the program with adequate notice (one (1) month), funds held for June Payment will be applied against your owing balance. 6) Lack of attendance or planned vacations will not qualify you for a reeducation or refund of fees in that month, the full amount will remain due.

_____ initial

School Breaks and PA days

Dragonz Martial Artz After School Program follows the HRCE (Halifax Regional Centre for Education) schedule. We sometimes offer full PA day coverage as well as a March Break and Summer Break Camps, these are an extra cost not covered in the After School Care. We are closed for two weeks at Christmas time.

_____ initial

Photography/Video Release

Participants involved in any activities offered by Dragonz Martial Artz may be photographed or videotaped during programs and training. The undersigned hereby consents to the use of these photographs and/or videos without compensation, on the Dragonz Martial Artz website or in any editorial, promotional or advertising material produced and/or published by Dragonz Martial Artz.

_____ initial

Waiver and Release of Liability

Express assumption of risk: I, the undersigned, am aware that there are significant risks involved in all aspects of activities, regular play and physical training. These risks include, but are not limited to: falls, which can result in serious injury or death; injury or death due to negligence on the part of myself, my training partner, or other people around me; injury or death due to improper use or failure of equipment; strains and sprains. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s). I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class while at, or under direction of Dragonz Martial Artz. I acknowledge that I have no physical impairments, injuries, or illnesses that will endanger me or others.

_____ initial

Signature

I have read and understood the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

Date:

Print name:

Signature:
