

**WEST COAST KARATE**

**Enrollment Form**

**AFTER SCHOOL KARATE TRANSPORTATION**

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

Please tell us how you heard about our program:

\_\_\_\_\_

Organization Sponsoring: **West Coast Karate LLC**

The undersigned, who is the parent/legal guardian of:

Name 1st student \_\_\_\_\_ Age: \_\_\_\_\_ Preferred name \_\_\_\_\_

Name 2nd student \_\_\_\_\_ Age: \_\_\_\_\_ Preferred name \_\_\_\_\_

Name 3rd student \_\_\_\_\_ Age: \_\_\_\_\_ Preferred name \_\_\_\_\_

Minor(s) (hereinafter referred to as "Student") on behalf of himself/herself and Student, their personal representatives, assigns, heirs and next of kin, request Student be permitted to participate in WEST COAST KARATE'S After School Karate Transportation Program. I Hereby release and forever discharge, waive, and covenants not to sue and forever discharge West Coast Karate their owners and owner, their family and/or relatives, facilitators, officers, instructors, employees and/or agents, all for purposes herein referred to as "Providers", from all liability to the undersigned and Student(s), their personal representatives, assigns heirs and next of kin, for all loss or damage, and/or claims, demands, causes of legal actions of any kind thereof, particularly on account of injury and/or disability to the person and/or property or resulting in the death of Student, whether caused by the negligence, casualness or otherwise, while Student is a participant in the aforementioned AFTER SCHOOL KARATE TRANSPORTATION; its members individually, and its officers, agents and employees from any and all claims, demands, rights and causes of action of whatsoever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries including death, damage to property, and the consequences thereof, resulting from my participation in or growing out of or connected with such AFTER SCHOOL KARATE TRANSPORTATION \_\_\_\_\_(Initials)

• I fully understand and agree that my child(ren)'s [hereinafter referred to as "Student" (s)] participation in this program is at his/her and /or my own risk and under my permission; I also understand and swear that he/she/they are in good health required to participate in this WEST COAST KARATE Transportation program \_\_\_\_\_(Initials)

• Photos, video footage of our classes may be used by WEST COAST KARATE, for promotional purposes. In consequence, I give my permission for photographs and or videos to be taken of my child/children while participating in any activity related WEST COAST KARATE \_\_\_\_\_ (Initials)

• Our AFTER-SCHOOL KARATE TRANSPORTATION PROGRAM is not a Tutoring Program, or Extension of the School Day. West Coast Karate provides, a weekday transportation from their child's school to our Karate Academy, for them [student(s)] to practice Karate lessons during the school year from Monday through Friday 45 minutes each day \_\_\_\_\_(Initials)

- WEST COAST KARATE does not require a contract to participate in any of their programs, however I understand I should inform WEST COAST KARATE if a student is withdrawn from the program, taking a break or planning to be absent for a period of time in order to avoid a re-registration fee in the case of returning. \_\_\_\_\_(Initials)
- I understand and agree that due the nature of our service and limited seats on the Karate buses and/or vans, NO REFUND will be provided in case of withdrawal, or any case related with this WEST COAST Karate After School Program\_\_\_\_\_ (Initials)
- I understand and agree that I need to notify, by a phone call at 813-469-8549 if my child or children is/are not planning to attend school or if the WEST COAST KARATE Transportation doesn't have to pick him/her up from the school \_\_\_\_\_(Initials)
- To avoid delay in the transportation routes, all students' cancellations or changes must be done prior to the day of and before 12 NOON. Failure to adhere to this request, will result in your account being charged for the individual day. \_\_\_\_\_(Initials)
- Safety First. For your student's safety, ALL COMMUNICATIONS regarding any changes are required to come from the student's parent(s) and/or approved guardian \_\_\_\_\_ (Initials)

#### **AFTER SCHOOL KARATE PRICE LIST**

**New students:** \$85.00 per week Service. 1<sup>st</sup> Uniform included.

**Individual Day(s):** 1 or 2 days of service per week is: \$25.00 per each day

#### **PRE-PAYMENT OPTIONS**

**3 Month** pre-payment 75.00/ Week

**6 Month** Pre-Payment 70.00/Week

- I understand that I must pay one week in advance as a deposit and the due date for the weekly fee is one week before (FRIDAY) \_\_\_\_\_(Initials)
  - I understand and agree that there is a weekly \$10.00 fee for late payment (after every Monday of the week) \_\_\_\_\_(Initials)
  - I understand that 3 days per week makes an entire week regardless of the days used. If the after schooler(s) uses less than 3 days per week, the amount to pay per day used is going to comply with the amount established in the price list per individual day. \_\_\_\_\_ (Initials)
- SCHOOL AND STUDENT INFORMATION:**

• I authorize WEST COAST KARATE Dojo to pick up my child(ren) [Student(s)] for the AFTER-SCHOOL KARATE TRANSPORTATION PROGRAM the following days: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

1st Student: \_\_\_\_\_

School : \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

2nd Student: \_\_\_\_\_

School \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

3rd Student: \_\_\_\_\_

School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

HOURS: [Please initial next to the County that belongs to your student(s)] Hillsborough County \_\_\_\_\_  
(Initials) Dismissal Time: \_\_\_\_\_ Pasco Elementary School \_\_\_\_\_ (Initials) Dismissal Time:  
\_\_\_\_\_

The parent's pick-up time regardless of the County and/or program is 6:30 pm. \_\_\_\_\_ (Initials)

Parent's name (Print): \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**MEDICAL INFORMATION**

In the event the student(s)] becomes ill or has a temperature of 99° F or above, I will pick up my child/dren within 30 minutes of the call from WEST COAST KARATE staff/volunteer. \_\_\_\_\_(Initials)

• In the event of an emergency, I authorize the directors, coordinators, facilitators, Instructors and/or chaperones of the AFTER-SCHOOL KARATE TRANSPORTATION PROGRAM, to obtain medical attention at a physician's office or hospital. \_\_\_\_\_(Initials)

The student(s) is/are covered by the following medical insurance:

Insurance Company Name:

\_\_\_\_\_

Group #:

\_\_\_\_\_

Student(s) Physician & phone number: \_\_\_\_\_

Hospital Choice if necessary: \_\_\_\_\_

VITAL INFORMATION: Please list any medication(s) that your student(s) may be taken:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Please list any allergies and/or reaction that the student may have or suffer:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Please list any food restrictions:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Please list any Chronic/Acute Illnesses that we need to be aware of:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Blood Type: \_\_\_\_\_

**PARENTS, FAMILY AND RELATIVE’S INFORMATION:**

PARENT’S PHONE # \_\_\_\_\_

PARENT’S WORK PHONE # \_\_\_\_\_ Ext: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail Address: 1. \_\_\_\_\_ (We communicate all our news and updates via email –

1st Child’s Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender: \_\_\_\_\_

2nd Child’s Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender: \_\_\_\_\_

3rd Child’s Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender: \_\_\_\_\_

I authorize the following person(s) to pick up my kid(s) and/or student(s): (Every person listed is going to be asked for a valid photo ID at the time of pick up and a photocopy will be filed in the student's folder)

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

Can this person be contacted in the event of an emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

Can this person be contacted in the event of an emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

Can this person be contacted in the event of an emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

I do certify that I fully understand the terms and conditions explained in English in this waiver.

Mother's name: (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_

Father's name: (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_