

First Steps Registration Agreement

Student's Full Name:	Date of Birth:		
Address (mailing):	City/Zip:		
Phone:	_M or F:		
Child lives with:			
Other Children in Family and their	Ages:		
	PARENT INFORMATION		
Mother's Name:	Father's Name:		
Address:	Address:		
City/Zip:	City/Zip:		
Phone:	Phone:		
Cell:			
Work:	Work:		
E-Mail:	E-Mail:		
Employer:	Employer:		
	EMERGENCY CONTACT		
Name:	List two people other than you in case of emergency Cell: Relationship to child:		
Name:			
	HEALTH INFORMATION		
Child's Doctor's Name:	Phone:		
Medical Insurance	Policy Number:		



Financial Agreement

luition and Fees:		
month. Late payments incu	r a 10% late fee, ur made at the presc	month and late if received after the 5 th of the aless prior arrangements have been made with shool by cash, venmo, check, or a Credit/Debit Striking Arts.
(Initial) A two week Creations. Tuition will be p		equired to withdraw your child from Sunny eiving your written notice.
		WISH YOUR CHILD TO ATTEND ASIS AS REGISTRATIONS/FEES ARE RECEIVED
First Steps	\$80 Tuesday & Thur	sday 9-10am
As the custodial parent or payment terms detailed at		
 Parent/Guardian Sig	 nature	 Date



Consent & Release Form

Student's Name:	
My child may have his/her picture taken and used for publicity purposes.	YES / NO
Are you facing any custody issues/concerns over your child? If yes, please explain	YES / NO
In case parents cannot be reached, I authorize any emergency tre child by any emergency response personnel.	atment deemed necessary for my
Parent/Guardian Signature	Date
In case of injury to my child while in the care, custody, or control of Sun CLAIMS IN EXCESS OF THE LIABILITY INSURANCE THAT SUNN'S STRIKING ARTS, LLC CARRIES.	
Parent/Guardian Signature	 Date





Waiver of Liability and Release

I do hereby agree to participate in Molalla Striking Arts/Sunny Creations (referred to as "Company") located in Molalla, Oregon. The responsible party must read the entire contract before signing.

I recognize the risks of injury that are common to any performing arts program that my child or I participate in and I do hereby waive and release the Company from and against any and all claims, actions, causes of action, damages, costs, liabilities, expense of judgments, including attorney's fees and court costs, that arise out of my participation in this program. I hereby execute this Waiver and Release form permitting my minor child and/or myself to participate in the Company's program.

I understand that the classes are based on a nine-month calendar year and that tuition for the school is based on a nine-month calendar year. Tuition is due and must be paid on or before the first day of each month, regardless of Student's absence, major holidays, and/or school holidays. I understand that I will not receive a courtesy bill reminder, and that tuition not received by the fifth of each month will be assessed a late charge of ten percent. Returned checks will result in a \$25.00 penalty fee. Be advised that it is the Guardian's responsibility to make sure payment is received on time. Delinquent accounts will be turned over to a collection agency. All fees are subject to an annual increase due to the cost of living. I understand that Registration fees and tuition fees are non-refundable. I understand that if I wish to withdraw my student, I will provide the Company a two week advance written notice on or before the first day of the month.

Martial Arts classes, uniforms, equipment, private lessons, etc. are all additional costs and are not included within tuition. By signing below you indicate you have read the Waiver and Release guidelines, terms and conditions, and regulations on this contract and fully understand the contents.

This contract will remain on file in the Company office unless the terms and conditions change. At that time a new contract will be executed.

I have executed this Waiver and Release this _	day of	, 20
Signature of Parent/Guardian		
Name of Child		