

STONE MOUNTAIN TAEKWONDO ACADEMY

2021-2022 Afterschool Registration Form

Account Holder's Name(s): _____ DOB: _____

Address: _____ Unit/Apt: _____ City: _____ Zip: _____

Phone: Home: _____ Cell: _____ Email: _____

Employed By: _____ Phone: _____

Member Name: _____ (M/F) DOB: _____

School: _____ Teacher: _____ Release Time: _____

Member Name: _____ (M/F) DOB: _____

School: _____ Teacher: _____ Release Time: _____

Member Name: _____ (M/F) DOB: _____

School: _____ Teacher: _____ Release Time: _____

How Did You Hear About Us? _____

1. I _____ UNDERSTAND THAT STONE MOUNTAIN TAEKWONDO ACADEMY (SMTA) IS A MARTIAL ARTS SCHOOL AND NOT A DAYCARE IN AS SUCH, THEIR STOCK-IN-TRADE IS NOT SUPERVISION AND CARE. THE INTENT OF SMTA IS TO TEACH MARTIAL ARTS PHYSICAL AND PHILOSOPHICAL CHARACTER BUILDING SKILLS. I UNDERSTAND THAT STONE MOUNTAIN TAEKWONDO ACADEMY IS A MARTIAL ARTS SCHOOL AND IS AN OPEN ACCESS FACILITY IN AS SUCH; MY CHILD(REN) IS/ARE FREE TO COME AND GO AND IF MY CHILD(REN) ARE TO STAY AT THEIR FACILITY, IT IS BECAUSE OF MY DIRECTION AND NOT THE ACADEMY'S. THERE ARE NO EXPECTATIONS OF CHILD CARE

2. Confidentiality Clause: SMTA will not release this personal and private information to any third party for purposes of sales, advertising or other reasons.

3. Waiver & Release: I understand that all reasonable precautions are taken to ensure that the Martial Arts programs and activities at Stone Mountain Taekwondo Academy are conducted by mature and qualified personnel in a safe and responsible manner. However, I further understand that because of the nature of some of the activities within the Martial Arts program there is a potential for accidental injury. I do recognize these risks and agree to allow my child to participate in the Martial Arts program. I agree to assume these risks and waive any claim against Stone Mountain Taekwondo Academy and its employees or agents as to, any injury that may occur to my child/children.

I have carefully read the entire document and fully understand and agree to comply with every detail including tuition and any condition for dismissal. I also grant Stone Mountain Taekwondo Academy to use any individual or group photographs of my child/children taken in the Academy's activities for publication and advertising purposes.

4. LOSS/DAMAGE/THEFT OF STUDENT'S PROPERTY: The Academy does not assume any responsibility for the loss, damage, or theft of any belongings of the Student and the Student agrees that the Academy and its personnel are not responsible for, or liable for, any such property even if its loss, damage, or theft occurs in or about the Academy's facility.

***Payments must be made by Friday, whether the student attends class or not.**

No refunds, No Prorates, and No rollover credits will be issued for unused time.

Late pick-up penalty \$20.00 Late payment penalty \$20.00 Failure to notify of Absence \$20.00

AUTHORIZATION SIGNATURE: _____ Date: _____

PLEASE LIST ANY PERSONS ALLOWED TO PICK UP YOUR CHILD(REN)

1. _____ 2. _____

3. _____ 4. _____

STONE MOUNTAIN TAEKWONDO ACADEMY TRANSPORTED AFTERSCHOOL PROGRAM



NEW STUDENT CHECKLIST

Please Initial Each of the Following:

_____ I have signed the "Afterschool Registration Form" and understand and agree to it.

_____ I understand that my child's class will be from 3:00pm to 4:30pm if my child(ren) gets out of school before 3:00pm or from 5:00pm to 6:00pm if my child(ren) gets out after 3:00pm.

_____ I understand that, by law, my child may not stay at the facility for longer than four (4) hours and will pick my child up accordingly (65C-22008).

_____ I understand that late pick up will incur a \$20 late fee and that consistent tardiness can be grounds for termination of my contract with Stone Mountain Taekwondo Academy.

_____ I have no expectation of childcare at this facility and am allowing my child's attendance solely for the purpose of martial arts instruction.

_____ I have notified my child's school that Stone Mountain Taekwondo Academy will be picking my child up and have made all necessary arrangements.

_____ I have read and understand Florida Code 65C-22.008 (a copy can be found in the school office) concerning Child Care. I understand that SMTA falls under the exemption listed in "subsection (3)" and I understand the rules by which SMTA abides. I have no expectation of childcare.

I, the undersigned, have read, understand, and agree to each of the conditions listed above.

Student Name: _____

Parent Signature: _____ Date: _____

Print Name: _____



YouTube.com/StoneMountainTaekwondoAcademy



@StoneMountainTKD



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www.StoneMountainTKD.com



CREDIT CARD AUTHORIZATION FORM

This page is optional but strongly encouraged for the sake of convenience.

By completing and signing below you authorize Stone Mountain Taekwondo Academy, LLC (SMTA) to charge the amount specified below to the credit/charge card you've selected. Also, you agree to pay this amount according to the terms of your credit/charge agreement.

Please complete your name, card number, and expiration date as it appears on your card:

Today's Date: _____

Card Type: Visa Master Card American Express

Card Number: _____ / _____ / _____ / _____

Security Code: _____

Expiration Date: _____ / _____
 mm yy

Total Amount: \$ _____

Recurring: N/A Weekly Monthly Yearly

Do you authorize SMTA to also charge for merchandise, belt tests, and other events? Yes No

Card Member Name: _____

Authorized Signature: _____

Billing Address: _____

City, State, Zip: _____

Daytime Phone Number: _____

Email Address: _____

FOR SECURITY REASONS, DO NOT EMAIL. PLEASE HAND-RETURN FORM TO MASTER TRAVIS.

**Stone Mountain Taekwondo Academy, LLC 10024 W Oakland Park Blvd. Sunrise, FL 33351
Phone: (954) 741 – 8000 • MasterTravis@StoneMountainTKD.com**