

# STONE MOUNTAIN TAEKWONDO ACADEMY

## 2024-2025 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: \_\_\_\_\_

**SIGN HERE**

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.

INITIAL

\_\_\_\_\_ 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.

INITIAL

\_\_\_\_\_ 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).

INITIAL

\_\_\_\_\_ 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.

INITIAL

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

INITIAL

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

INITIAL

\_\_\_\_\_ 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.

INITIAL

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

Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SIGN

Print Name: \_\_\_\_\_



YouTube.com/StoneMountainTaekwondoAcademy



@StoneMountainTKD



@StoneMountainTKD



www.StoneMountainTKD.com

**STONE MOUNTAIN TAEKWONDO ACADEMY**  
**Release, Waiver of Liability and Indemnity Agreement**

In consideration of being permitted to participate in any way in a Taekwondo competition, and/or any training therefor (collectively, "martial arts activity or event"), the parent(s) and/or legal guardian(s) of the minor participant named below ("Participant") agree:

The parent(s) and/or legal guardian(s) will instruct the Participant that prior to participating in the martial arts activity or event, the Participant should inspect the facilities and equipment to be used, and if Participant believes anything is unsafe, Participant should immediately advise his or her Grand Master and the officials, as applicable, of such condition and refuse to participate. I understand and agree that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to ensure that Participant REFUSES TO PARTICIPATE further.

1. I/We fully understand and acknowledge that:
  - A. The martial arts activity or event will including full contact sparring, including head contact.
  - B. There are risks and dangers associated with participation in martial arts events and activities which could result in bodily injury, including, without limitation, partial and/or total disability, paralysis and death. Such bodily injuries can include concussions and injuries to the teeth and jaw.
  - C. The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
  - D. These risks and dangers may be caused by the action, inaction or negligence of Participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.
  - E. There may be other risks not known to us or are not reasonably foreseeable at this time.
  - F. I/we will ensure that Participant will wear full World Taekwondo Federation (WTF) approved sparring gear at all times while participating in any martial arts activity or event. Such gear includes head gear, mouth guard, chest protector, groin protection and protection for the hands, arms, legs and shins.
2. I/We accept and assume on behalf of Participant such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees (defined below).
3. I/We HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Stone Mountain Taekwondo Academy, LLC, and its managers, members, employees, contractors, representatives, agents, promoters, lessees of premises used to conduct the martial arts event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, direction or instructions to engage in risk evaluation or loss control activities regarding the martial arts facility of events held at such facility and each of them, their directors, officers, agents, employees (collectively, the Releasees") from and against any and all claims, demands, losses, liabilities, damages and expenses of the undersigned and Participant, and any claims or demands therefor on account of any injury, including, without limitation, death of Participant, or any damage to property, arising out of or relating to the event(s) caused alleged to be caused in whole or in part by the negligence of any Releasee or otherwise.
4. I/We HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
5. EACH OF THE UNDERSIGNED further expressly agrees that this Release, Waiver of Liability and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the providence or state in which the martial arts activity or event is conducted and that if any portion is held invalid, it is agree that the balance shall, notwithstanding continue in full legal force and effect.
6. The undersigned parent(s) and/or legal guardian(s) of Participant executes this Release, Waiver of Liability and Indemnity Agreement individually and on behalf of Participant. If, despite the waiver and release hereunder, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will indemnify such Releasee and hold them harmless for any liabilities, losses or expenses incurred by such Releasee as a result thereof.
7. Attendance at or participation in classes and other events, seminars and training activities constitutes an agreement by the Participant to allow use and distribution (both now and in the future) of Participant's image or voice in photographs, videotapes, electronic reproductions, or audiotapes of such classes and other events, seminars, and training activities.

I/WE HAVE READ THIS RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS INDIVIDUALLY ON BEHALF OF PARTICPANT BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME/US AND INTEND MY/OUR SIGNATURE(S) TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Name of Participant: \_\_\_\_\_  
Date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_  
Parent/Legal Guardian: \_\_\_\_\_

**SIGN**



## PAYMENT METHOD & AUTHORIZATION

Please select your preferred payment method:

In-person Payments (*\$10 Service Charge applies*)

Online Invoicing    Email Address: \_\_\_\_\_

Recurring Credit Card Payments (*please continue below*)

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 you 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      Other: \_\_\_\_\_

Card Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expiration Date: \_\_\_\_\_/\_\_\_\_\_    CVV: \_\_\_\_\_

Total Recurring Amount: \$\_\_\_\_\_

Recurring Period:      N/A      Weekly      Monthly      Other: \_\_\_\_\_

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: \_\_\_\_\_

Email Address: \_\_\_\_\_

Student Name: \_\_\_\_\_

For Security Reasons, Do **NOT** Email this. Please Hand-Return this Form to SMTA.

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