Institute for American Karate LLC

Summer Camp,
Spring and Fall Break Programs

At Time of Enrollment, A One Time Registration Fee of $50 Is Due

Included with registration:
Karate Uniform ,T-Shirt ,White Belt

After School:
Jan-May = $65 per week / per child ($13/day for short weeks)
Single Week = $75 per week/ per child ($15/day for short weeks)
Snow Days, Professional Days, etc = add $7 per Day

Spring Break:
$125 per week / per child for both weeks ( March 25-29, and April 1-5 )
$135 per week / per child for one week

Summer Break:
$125 per week / per child

Karate Summer Camp Program Details:
Drop off begins at 7am, and pick up by 6pm. During that time you child will take part in
morning exorcises, almost daily field trips, and an afternoon karate class. Parents are required
to drop off with a lunch and snack for the day. ( Some snacks and drink are available for
purchase) We will have a more comprehensive schedule of tentative field trips as the dates
approach, however we reserve the right to reschedule any trip based on current weather.
Institute for American Karate LLC

Summer Camp,
Spring and Fall Break Programs

1. We are not a Day Care. Any student who refuses to show discipline, respect, and integrity may be asked to leave our program.
2. Karate uniforms will be sent home on Friday and will need to be returned clean on the following Monday.
3. All cell phone devices will need to be turned off while in our facility, and stored at our front desk. We will always have an open door policy, and will always have our phones on in the event of any emergency. However, the only way to ensure that young students are protected from potentially being exposed to things online that many parents would not want their child exposed to, is to remove that threat while in our facility.

_____ I am aware of the “Behavior Report” used at Institute for American Karate LLC, and understand the “Three strikes and you’re out” rule.

________________________________________  ______________
Signature of Parent / Legal Guardian              Date

________________________________________  ______________
Signature of Parent / Legal Guardian              Date
Weekly Spring/Summer Break Karate Program / Camp

Student Name______________________________________
DOB ______/_______/______

Address ______________________ City_________________________ State _____________ Zip ______
Phone ______________________ Email _____________________________________________

Parent _________________________________ Cell Phone _______________________

Employer ____________________________________ Job Title _____________________________

Work Phone (emergency only) ________________________________________________

Employers address __________________________________________ city ___________________________
State __________ Zip _________________

DL# __________________________________________

In Case of Emergency (other than parent) ________________________ relationship ______________
Phone Number ________________________________________

1. Payments not received by due date will have a $5.00 late fee accessed, additionally transportation
will be discontinued until payment & all applicable fees are paid in full.

2. A returned check will have a service fee of $25. We reserve the right to refuse checks if this becomes
a problem.

3. No Refunds.

4. If your child(ren) is absent for more than two weeks you will lose your place in the After-school
program, and /or summer camp, unless prior arrangements have been made.

5. I understand that Institute for American Karate LLC, is a martial arts school and not a daycare. In as
such, their stock-in-trade is not supervision and care. The intent of Institute for American Karate LLC
is to teach martial arts physical and philosophical character building skills. I understand that Institute
for American Karate LLC is a martial arts school, and is a drop-in facility is as such; my child(ren) is/
are free to come and go. Additionally, if my child(ren) stay at the Institute for American Karate LLC
facility it is because of my direction and not Institute for American Karate’s.

6. Waiver & Release: Buyer and student(s) agree that student(s) is engaging in physical exercise, the
use of equipment and the use of Institute for American Karate LLC’s training and instruction facility,
which can be dangerous to the student(s) and could cause injury to the student(s). Student(s) is
voluntarily participating in these acts and buyer and student(s) assume all risk of injury to student.
Buyer and student(s) hereby waive and release any claim or understand it is a release of all liabilities
and damages to Institute for American Karate LLC because of any injury that may occur. Institute for
American Karate LLC will make no evaluation or recommendation whether student(s) or guest are
physically fit for any exercise / activities. It is always advisable to consult your physician before
undertaking a physical exercise program, particularly martial arts activities

7. Loss/Damage/Theft of student property: Institute for American Karate LLC does not assume any
responsible for the loss, damage, or theft of any property belonging to the student and student
agrees that the school and it's personal are not responsible for or liable for any such property

Authorized Signature:________________________________ Date: ______________________
I, ________________________________ (parent) authorize the following people to pick up my child(ren), __________________________ from Institute for American Karate LLC.

If a last minute / emergency situation should arise call or text the school (502-437-4093) or DeLane Daugherty (502-220-3656) with the name of the child(ren), the name of person picking them up, and phone number of person picking up.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
<td>____________</td>
<td>____________</td>
</tr>
<tr>
<td>________________________</td>
<td>____________</td>
<td>____________</td>
</tr>
<tr>
<td>________________________</td>
<td>____________</td>
<td>____________</td>
</tr>
<tr>
<td>________________________</td>
<td>____________</td>
<td>____________</td>
</tr>
<tr>
<td>________________________</td>
<td>____________</td>
<td>____________</td>
</tr>
<tr>
<td>________________________</td>
<td>____________</td>
<td>____________</td>
</tr>
<tr>
<td>________________________</td>
<td>____________</td>
<td>____________</td>
</tr>
<tr>
<td>________________________</td>
<td>____________</td>
<td>____________</td>
</tr>
</tbody>
</table>
Contract for Student Transportation

I _____________________________, contract exclusively with Institute for American Karate LLC to:

1. Transport my child(ren) ____________________________ for After School pick-up from their Elementary/Middle School
2. Transport my child(ren) ____________________________ to and from field trips for all camps and karate related events.

To our location:

Institute for American Karate LLC
167 Alpine Dr
Shelbyville, KY 40065

___________________________________  _____________________
Signature of Parent/Legal Guardian       Date

___________________________________  _____________________
Signature of Parent/Legal Guardian       Date
Payment Options:

Payments may me made by one of these options:

1. Weekly in person by Cash/Check (payment must be pre-paid by Thursday of preceding week)

2. Weekly in person by Credit Card (payment must be pre-paid by Thursday of preceding week)

3. Weekly auto debit or EBT___________________

4. Weekly invoice though our online billing (e-mail) ______________________________

__________________________________ I understand that I am obligating myself to pay Institute for American Karate for the karate summer camp program that will run from May 27, 2019 through August 21, 2019, and that in return for their services and maintaining a reserved spot for my child(ren), there will be no refunds for absences, or “sick days”. I also agree that should I need/wish to cancel this agreement that I must give a minimum of 30 days notice in writing.

__________________________________ I understand that I am signing my child(ren) up for Karate Spring Break / Summer Camp with Institute for American Karate LLC under the “weekly drop off program”. In doing so I also understand that my child(ren) is not guaranteed a spot every week in the program.
Behavior Report
Institute for American Karate LLC

Name of person involved: __________________________        Minor Child? YES NO

Address: _______________________________________________________________________

Phone Number: ___________________________________________________________________

INCIDENT INFORMATION

Date of Incident: __________  Day of the Week: __________  Time: ______ AM/PM

Description of Incident:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

ADDITIONAL INFORMATION

Who was supervising the person at the time of the incident? _______________________

Was a parent/guardian called?   YES/NO

If yes, Time: __________  Did you reach a parent/guardian?  YES/NO/LEFT MESSAGE

Was there disciplinary action taken?  YES/NO

If yes, please explain: __________________________________________________________

Are there any witnesses to the incident? YES/NO If yes, please list contact information:

Name: _______________________________________________________________________

Address: _______________________________________________________________________

Phone Number(s): _____________________________________________________________

Name: _______________________________________________________________________

Address: _______________________________________________________________________

Phone Number(s): _____________________________________________________________

The above information is true and correct to the best of my knowledge

Signature: __________________  Date: __________  Witness: ___________________________

Printed Name: _____________________               Printed Name: ________________________