Family Martial Arts Center

2025-2026 AFTER SCHOOL PROGRAM APPLICATION

FIRST NAME	L	AST NAME	
ADDRESS		CITY	ZIP
SCHOOL	AGE	DATE OF BIRTH	GRADE
PRIMARY CONTACT #	EMERGE	NCY CONTACT #	
MOTHER'S NAME		PHONE NUMBER	
FATHER'S NAME		PHONE NUMBER	
STEP-PARENT NAME		PHONE NUMBER	
MEDICAL CONDITIONS, ALLERGIES,	SPECIAL DIETS	, OR MEDICATIONS	
WHO IS ALLOWED TO PICK UP CHILI	 D?		
HOW DID YOU HEAR ABOUT US?			
TAEKWONDO CLASSES ARE INCLUDED. (CLASS FEES ARE INCLUDED WITH TUITION.			
STUDENT UNDERSTANDS THAT DURING THE COURSE AUTHORIZED PERSONS WILL BE ENGAGED IN A COUR CONTACT AS REQUIRED BY THE TRAINING. I UNDERST. INJURIES, DAMAGES, ETC. NOT CAUSED BY OR RESULT ESTABLISHMENT, OR THEIR AGENTS, SERVANTS OR EM	SE OF CONDUCT REQI AND AND AGREE THAT TING FROM NEGLIGEN	UIRING PHYSICAL CONTACT, AND HE THE FAMILY MARTIAL ARTS CENTER \	E/SHE GIVES FULL CONSENT TO SUCH WILL NOT BE HELD LIABLE FOR ANY
PARENT SIGNATURE	D	ATE	STAFF INITIALS
OFFICIAL USE ONLY			
\$40 REGISTRATION FEE (DUE WITH FIRST	FPAYMENT / NON-RE	EFUNDABLE)	\$
AMOUNT DUE EACH WEEK			\$
(TUITION IS DUE FRIDAY PRIOR TO WEEK. A \$5 (FULL TUITION IS DUE DURING SCHOOL WEEK (CHILDCARE CLOSES AT 6:30PM. THERE IS A \$ (IF YOUR CHILD IS ABSENT OR NOT RIDING TH	KS REGARDLESS OF 3 PER MINUTE LATE	ATTENDANCE) FEE AFTER THAT TIME)	
TAEKWONDO UNIFORM (MUST HAVE TO TEST) \$63.07			\$
TOTAL AMOUNT DUE TODAY \$			\$
SIGNATURE ALSO REQUIRED ON	NBACK □	$\Rightarrow \Longrightarrow$	$\Rightarrow \Rightarrow$

Family Martial Arts Center

Release and Waiver of Liability and Indemnity Agreement

In consideration of being permitted, to participate in any way in the Family Martial Arts Center Programs indicated below, the parents and/or legal guardian(s) of the minor participant named below agree:

- I. The parent(s) will instruct the minor participant that prior to participating in the below martial arts activity, he or she should inspect the equipment to be used, if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if at any time, I feel anything UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
- 2. If We fully understand and acknowledge that:
 - (a) There are risks and dangers associated with participation in martial arts events and activities which could result in bodily injury partial and/or total disability, paralysis and death.
 - (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
 - (c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees names below.
 - (d) There may be other risks not known to us or are not reasonably foreseeable at this time.

Parent or Guardian Signature _____

Parent or Guardian Printed Name ___

- I/We accept and assume 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 named below.
- 4. I/We HEREBY RELEASE, WAVE DISCHARGE AND COVENANT NOT TO SUE the Family Martial Arts Center, Inc. facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the martial arts event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the Family Martial Arts Center, Inc facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasee"... FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next of kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSEDIN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.
- 5. 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 ACKNOWLEOOES THAT INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
- 6. I/We HEREBY RELEASE, WAVE DISCHARGE AND COVENANT NOT TO SUE the Family Martial Arts Center, Inc facility in any event during summer camp and/or the school year program. I/We are aware that Family Martial Arts Center, Inc. will be traveling to several activities during the school year and summer camp programs. I/We release the Family Martial Arts Center, owners, managers, employees, and/or persons placed in charged from injuries, damages and/or accidents not caused by or resulting from negligence of the owners, operators, or persons in charge as the parent/guardian, I/We allow my/our child to participate in water sports, swimming, field games, bowling, skating, field trips, parents night out, lockins, and other activities that the Family Martial Arts Center will supervise during the course of the school year and summer camp.
- 7. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect
- 8. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this waiver and release. If, despite this release, the participant makes a claim against any of the releasees, the parent(s) and/or legal guardian(s) will reimburse the releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.

PHOTOGRAPHY: I give permission for any photographs, video, and/or written	material of my child to be used for publicity or reporting purposes. TO OPT OUT, PLEASE INITIAL
TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIG	PTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND IT GHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY IG MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UTFENT ALLOWED BY LAW.
FAMILY MARTIAL ARTS CENTER, INC	
Child's Name	