

KARATE REGISTRATION

Student's Name: _____
Sex: _____ Grade: _____ Age: _____ Date of Birth: _____
Parent/Guardian Names: _____
Address: _____ City, State, Zip: _____
Home Phone: _____ Mom's Cell: _____ Dad's Cell _____
Mom's Work Phone: _____ Dad's Work Phone: _____
Mom's Email _____ Dad's Email _____
Check day(s) your child will attend: Tuesday _____ Thursday: _____
Picking up your child from Ecare _____ OR Teacher's Name _____
T-Shirt Size: _____ Uniform Size (if purchasing) _____

Please describe past or present any physical conditions, illness or problem (such as ADHD, etc.), including learning disabilities that may affect you or your child's performance in class _____

Current Medications being taken: _____

Insurance Name: _____ Policy/Group Number: _____

Emergency Contact: _____ Relationship: _____

Numbers: _____

For and in consideration of the right to take Martial Arts lessons with Angela de Jong, the undersigned parent/guardian/student agrees to pay \$ _____ per month for once/twice a week due, in additions to the annual registration fee of \$70. Payment is due on the 1st day of each month. If the monthly fee is not paid by the date indicated, I understand a late charge is due with my payment. A \$15.00 service fee will be charged for returned checks. I also understand that if I/my child attend class only one time during the month, the full fee is due. Fees will not be pro-rated.

It is also understood that payment of tuition does not include payment for rank test fees, belt patch test, patches, certificate, and uniforms necessary for Martial Arts training.

Further, the undersigned certifies that the student named above is in good health and he/she, parent, guardian is aware of no limitations to the student's health or physical well being that would prevent the student from taking lessons in the Martial Arts. The undersigned parent/guardian/student understands that participation in the Martial Arts involves the possibility of accidental injury and agrees to assume the risk of any such injury. Further the undersigned agrees to release, save and hold harmless Angela de Jong, St. Ann, PaSaRyu instructors or any of her agents in the event of such injury.

I understand that I have the right to withdraw my child from the karate class (notice must be given by the 15th of the month before), and Angela de Jong has the right to terminate my child's participation in this class for reason which will be stated at that time. If my child drops out and wishes to return at a later date a re-entry fee will be required with the monthly fee or I may choose to pay the monthly fee to maintain my child's place in the class.

Make Checks payable to Angela de Jong

I have read and understand the above terms concerning the karate class.

Parent/Guardian Signatures: _____ Date: _____