

American TKA Universal Martial Arts
8604 State Rd 84, Davie, FL 33324 - Phone: (954) 472-2554

Karate After-School Program – Student Agreement

Date: _____

Parent Name: _____ EMAIL: _____

Student Name: _____ DOB: _____ Age: _____

School Name: _____ Grade: _____ Teacher Name: _____

Student Name: _____ DOB: _____ Age: _____

School Name: _____ Grade: _____ Teacher Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Res. Phone: _____ Cell Phone: _____

Bus. Phone: _____ Employer: _____ Job Title: _____

Address: _____ D.L.#: _____

Spouse Name: _____ Employer: _____ Phone # _____

To contact in emergency (name) _____ Phone # _____

How did you hear about us? _____

I authorize my credit card and/or bank account to be charged for the amount due plus late fees if applicable. This form of payment, if discontinued, does not release you from your payment obligation or Karate After-School Program agreement. 30 days written notice is required to stop or cancel your agreement.

Initials _____ Type _____ Card# _____ Exp. _____ CC# _____

Initials _____ Account# _____ Routing# _____

IMPORTANT:

- To reserve your space in the ASP, payment is due on the Friday prior the week of attendance.
- Pick up time begins at 4:00pm until 6:30pm. There will be a late fee charge of \$1.00 per min. for late pick up.
- **If your child is out for more than one week you will lose your place in the Karate after School Program, Winter Camp, Spring Break Camp or Summer Camp unless prior arrangements have been made in writing with TKA.**
- 30 days written notice required to cancel the ASP Program,
- 3 days of attendance is equivalent to one week. Full week cost applies.
- If your child is sick and/ or absent for a full or partial week we still charge 50% of the cost since the service provided is exclusive and by reservation only.
- For security reasons, parents must call American TKA if your child is absent or picked up early from school as soon as possible. before pick up time.
- **NO CREDITS OR REFUNDS** can be issued on services, equipment, uniforms or unused days.
- **We do not generate a payment history.** It is advisable that you keep all of your receipts for tax purposes.

_____ Default and late payment: Should you default on any payment obligation as called for in this agreement, the entire remaining balance shall be deemed due and payable upon demand, and you agree to pay allowable interest, and all cost of collection, including, but not limited to, collection agency fees, court costs and attorney’s fee. Should any payment become past due, you will be charged a late fee of \$20 to cover additional administrative expenses.

I _____ UNDERSTAND THAT AMERICAN TKA UNIVERSAL MARTIAL ARTS IS A MARTIAL ARTS SCHOOL AND NOT A DAYCARE IN AS SUCH, THEIR STOCK-IN-TRADE IS NOT SUPERVISION AND CARE. THEIR INTENT IS TO TEACH MARTIAL ARTS PHYSICAL AND PHILOSOPHICAL CHARACTER BUILDING SKILLS. I UNDERSTAND THAT AMERICAN TKA UNIVERSAL MARTIAL ARTS IS A MARTIAL ARTS SCHOOL AND IS A DROP-IN FACILITY AND THAT SUCH, MY CHILD (REN) IS/ARE FREE TO COME AND GO AND IF MY CHILD(REN) IS/ARE TO STAY AT THEIR FACILITY, IT IS BECAUSE OF MY DIRECTION AND NOT AMERICAN TKA.

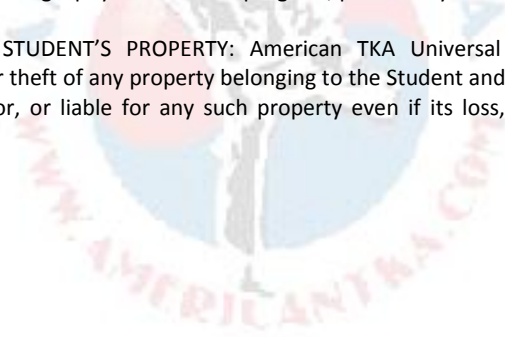
X _____ AUTHORIZATION SIGNATURE

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_____ WAIVER & RELEASE: You, Buyer and Student, agree that you are aware that Student is engaging in physical exercise, and the use of equipment, use of American TKA facilities, training and instruction, which can be dangerous to the Student and could cause injury to Student. Student is voluntarily participating in these activities and Buyer and Student assume all risks of injury to Student, which may result. Buyer and Student have carefully read this waiver and release, and fully understand it is a release of all liability and damage to American TKA Universal Martial Arts for any injury. American TKA will make no evaluation or recommendation whether Students or guests are sufficiently, physically fit for any exercise activities. It is always advisable to consult your physician before undertaking a physical exercise program, particularly martial arts/karate activities.

_____ LOSS/DAMAGE/THEFT OF STUDENT'S PROPERTY: American TKA Universal Martial Arts does not assume any responsibility for the loss, damage or theft of any property belonging to the Student and Student agrees that American TKA and its personnel are not responsible for, or liable for any such property even if its loss, damage, or theft occurs on or about American TKA facility.



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Student Handbook Agreement

Please read and initial each of the following American TKA Martial Arts rules and regulations.

Initial	Hours	Description
	Hours 1:45 pm to 2:30 pm	Students are picked up from elementary school
	2:30 pm to 6:30 pm	After School Program - Tae Kwon Do & Daily Activities
	12:00 pm to 6:30 pm	Early release days
	7:30 am to 6:00 pm	Day camp - drop off hours 7:30am to 9:00am
<u>NOTE: PICK UP TIME IS from 4:30 to 6:30 P.M. PLEASE BE ON TIME!</u>		

Late pick up fee is \$1.00 per minute. No Exceptions! No excuses!

_____ Complete uniform (top, pants, belt & patches) is mandatory for class every day. Students are not allowed to take class without the proper uniform. On Fridays, Early Release & Full Days is mandatory to bring also the TKA T-Shirt. Uniform is required at all times when students are at TKA. Even if the child is sick, injured or unable to participate of class he/she must wear the uniform.

_____ NO Plastic or Paper Bags- Your child must bring snacks, juice and plenty of bottle water in the evenings. Vending machine is also available; your child may bring money daily to make their purchases. For full days, students must bring lunch, extra snacks and extra water. You must label your child lunch box. Snacks are parent's responsibility. No refrigeration or microwave is available for safety purposes. You can open a snack account.

_____ **Pick up time begins at 4:30pm until 6:30 p.m.** if your child is **NOT** picked up promptly by 6:30 p.m. then there will be a **late fee charge of \$1.00 per min. late.** This fee must be **paid at the time of pick up; otherwise the fee will be process automatically on the credit card account on file.** BBC students can take a second class when permitted, but still need to be picked up on time; except Fridays when sparring class ends at 7:00pm (BBC students only). Otherwise, they will need to be picked up no later than 6:30 or late fees will be applied! Parents must call TKA to notify they will be late for pick up since we have to make special arrangements, late fees will still applies. **Calling TKA to announce that you will be late will not release you from paying late charges.** No exceptions. Your timeliness helps us provide a good example for our children.

_____ It's very important **if your child is absent or picked up early from school you must call TKA from 7:00a.m to 12:00p.m.** If nobody answers, please leave a message including your child's name and school. Please do not wait until last minute to call. Calling TKA is very important because we will show up to pick up the student, **if the student is not there we will charge you for that day.** We are not affiliated to Broward County Schools; when you call them please call us too.

_____ Payments are **due on FRIDAY** prior the week of attendance. A **\$20.00 late fee** will be applied to payments received **after Friday.** Our office is closed Saturdays and Sundays; all payments received by Monday are considered late.

_____ **A valid credit card account number must be provided on the ASP application. We will keep the account information on file in order to collect unpaid amount due plus late fees if applicable.**

_____ There is a **\$25.00** service charge for **returned checks** and **\$15.00** service charge for **re-processed checks/PAYMENTS.**

_____ **NO CREDITS OR REFUNDS** can be issued on services, equipment, uniforms or unused days.

_____ I am responsible to read the TKA calendar posted in the lobby area, to inform myself about the Board Breaking days, and any other event during the year, I am responsible to make the payments of those fees before the due date that will be the only way my child participate.

_____ Due to the volume of work we usually have, we ask parents and students to schedule an appointment in advance and limited the meeting or conversations to 15min maximum. Our offices have different services renew an agreements and meetings with instructors by appointment only.

_____ Please do not call any cell phone numbers of the staff. Thanks.

_____ We DO NOT generate a payment history. We advise you to **keep all your receipts for tax purposes.**

_____ During the school year, **weekly fees do not cover early release days, or full day,** unless you are member of the \$99.00 plan. The cost of the Full Days will be \$25.00 (includes Field trip), and Early Release will be \$15.00.

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_____ If your child is **sick and/or absent for a full or partial week, we will still charge 50%** of the cost since the service provided is exclusive and by reservation only. The parent responsibility is to send a note to inform TKA that you child is sick or absent by Monday or Tuesday to receive a credit for that week.

_____ When the student behavior becomes inappropriate a warning will be issued. American TKA Martial Arts reserved the right to terminate the students after three consecutive warnings

_____ We will NOT stop or cancel your agreement until American TKA Universal Martial Arts receives the **30 days written notice**. When the notice is received you will be notified as to the day your program will be cancelled. We are associated with a collection Agency and Pre-Paid Legal Services, Inc.

_____ We are not responsible for making any cancellations without a written letter. If the child is sick or have any medical situation that does not permit the child to continue with Tae Kwon Do, you are still responsible to pay until the last day of your cancellation.

_____ I do understand that Day Camps drop off time is between the hours of 7:30am to 9:00 am if my child is not between those times in the TKA Studio my child have a possibility to be left behind a field trip and will be only my responsibility not TKA.

_____ **3 days of attendance constitute a week; full week payment applies.**

_____ **If a child is left behind at school, an additional charge of \$20.00 applies if our TKA school van has to return to the elementary school a second time for pick up.**

_____ American TKA does not assume any responsibility for the loss, damage or theft of any property belonging to the student. The use of cell phones is strictly prohibited. Please refer to your student agreement.

_____ Please write the child name on their belongings, including clothes and/or uniform, lunch boxes, etc...

_____ **If your child is out for more than one week you will lose your place in the Karate after School Program, Winter Camp, Spring Break Camp or Summer Camp unless prior arrangements have been made in writing with TKA.**

_____ Parents **must sign out** their children before pick up. Sign out sheet is located in the lobby area. After signing out, parents must wait in the lobby.

_____ Students that show up, without the proper equipment or uniform, more than once a week, can be suspended and/or terminated from the Karate after School Program. Parents must ensure that their children have all necessary items to participate every day.

_____ When the students are riding in the school bus, the students must observe certain rules and regulations, they can't eat, play fighting, shout and all the time they must have their seatbelt on. If any student breaks this rule, he/she will receive a warning, after three consecutive warnings, TKA reserves the right to suspend or terminate the student.

_____ If the student is sick or unable to take the TKD class, it's the parents responsibility to send a note to inform American TKA Martial Arts, otherwise the student will take the class at instructor discretion.

USE THIS SPACE TO LIST ANY ADULT AUTHORIZED TO PICK UP YOUR CHILD(REN):

NAME	RELATIONSHIP	CELL #

PLEASE READ BELOW BEFORE SIGNING. PLEASE BE SURE ALL HIGHLIGHTED AREAS ARE COMPLETED BEFORE TURNING IN YOUR REGISTRATION FORM(S).

1. I UNDERSTAND THAT MY CHILD WILL BE EXPECTED TO BEHAVE IN ACCORDANCE WITH THE BROWARD COUNTY SCHOOL BOARD CODE OF CONDUCT AND TKA UNIVERSAL MARTIAL ARTS CHILD PROGRAMS.
2. I UNDERSTAND THAT THERE WILL BE NO REFUNDS, CREDITS OR REDUCTIONS IN FEES FOR ABSENCES DUE TO ILLNESS OR VACATION.
3. A REGISTRATION FEE IS DUE WHEN SIGNING THIS AGREEMENT AND IS NON REFUNDABLE.
4. I ACKNOWLEDGE RECEIPT OF THE SCHEDULE OF FEES TO BE PAID BY ME FOR MY CHILD'S ATTENDANCE IN TKA. I UNDERSTAND THAT PAYMENT FOR AFTER SCHOOL CARE WILL BE MADE IN ADVANCE OF MY CHILD RECEIVING CARE. I UNDERSTAND THAT IN

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THE EVENT I FAIL TO PAY THESE FEES ON TIME, I WILL BE HELD RESPONSIBLE FOR ALL FEES AND COLLECTION COSTS ON ALL UNPAID CHARGES. I UNDERSTAND THAT IF MY CHECK IS RETURNED FOR ANY REASON, I WILL BE CHARGED ALL BANK FEES AND ACKNOWLEDGE PAYMENTS THEREAFTER WILL HAVE TO BE MADE IN CASH, OR MONEY ORDER.

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

REFUND POLICY: "LEGAL NOTICE REQUIRED"

TKA CHILD PROGRAMS PROVIDES PARTIAL PERIOD REFUNDS IN VERY LIMITED AND SPECIFIC CASES TO INDIVIDUALS WHO QUALIFY DUE TO THE CONDITIONS LISTED BELOW:

1. A TKA STUDENT HAS BEEN WITHDRAWN FROM THE SCHOOL IN WHICH THEY ATTEND DUE TO DISTRICT MANDATED RESIDENCY, ZONING, OR BOUNDARY.
2. A TKA STUDENT IS EXPECTEDLY HOSPITALIZED OR HOME BOUND DUE TO A MEDICALLY DIAGNOSED MENTAL CONDITION.
3. A TKA STUDENT UNEXPECTEDLY LOSES A PARENT OR LEGAL GUARDIAN.
4. TKA DISCONTINUES OR CANCELS A SERVICE OR PROGRAM FOR WHICH THE CHILD HAS BEEN REGISTERED FOR.

I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE POLICIES AND CONDITIONS.

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

STUDENT DISCIPLINE POLICY:

AT TKA AFTER SCHOOL CARE, CHILDREN ARE OUR NUMBER ONE PRIORITY!

WE FEEL STRONGLY THAT A POSITIVE, SUPPORTIVE AND STRUCTURED ENVIRONMENT PROMOTES GOOD BEHAVIOR. A FULL DAY OF VARIED ACTIVITIES IS PLANNED TO DIRECT YOUR CHILD'S ENERGY INTO POSITIVE CHANNELS. WE BELIEVE THAT CHILDREN LEARN FROM US AND THAT WE ARE POSITIVE ROLE MODELS.

ONE OF OUR MANY GOALS IS TO HELP CHILDREN FEEL GOOD ABOUT THEMSELVES BY BUILDING THEIR SELF-ESTEEM AND SELF CONFIDENCE. OUR MARTIAL ARTS INSTRUCTORS AND PROGRAM DIRECTOR HAVE BEEN TRAINED IN "COOPERATIVE DISCIPLINE" BY OUR DIRECTOR OF EDUCATIONAL PROGRAMS AND QUALITY ASSURANCE. WHENEVER DISCIPLINE IS NECESSARY, CORRECTIVE DISCIPLINE IS USED TO CHANGE THE INAPPROPRIATE BEHAVIOR OF THE CHILD, NEVER TO HURT THE CHILD. THE FOLLOWING STEPS ARE TAKEN TO CORRECT INAPPROPRIATE BEHAVIOR IN OUR PROGRAMS AND TO ENSURE THE SAFETY AND WELL BEING OF ALL OF OUR CHILDREN:

- PROGRAM DIRECTOR WILL FIRST TAKE YOUR CHILD ASIDE AND QUIETLY SPEAK TO HIM/HER ABOUT THEIR BEHAVIORAL CONCERNS. IF THE INAPPROPRIATE BEHAVIOR WARRANTS, THE PROGRAM DIRECTOR WILL EITHER PUT THE CHILD IN TIME OUT (APPROPRIATE TO THEIR AGE) OR IF NECESSARY, HAVE THE ON SITE SUPERVISOR SPEAK TO THE CHILD. THE CHILD WILL RECEIVE A VERBAL WARNING AND A WRITTEN BEHAVIOR REPORT REQUIRING A PARENT / GUARDIAN SIGNATURE.
- A CHILD'S SECOND BEHAVIOR INCIDENT WILL RESULT IN A PHONE CALL TO THE PARENT / GUARDIAN AS WELL AS A WRITTEN BEHAVIOR REPORT COPIED TO THE TKA SCHOOL ADMINISTRATION.
- A CHILD'S THIRD BEHAVIOR INCIDENT WILL RESULT IN A PHONE CALL TO THE PARENT / GUARDIAN, A WRITTEN BEHAVIOR REPORT COPIED TO THE TKA SCHOOL ADMINISTRATION AS WELL AS SUSPENSION AND / OR DISMISSAL FROM THE TKA CHILD CARE PROGRAM.

I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE POLICIES AND CONDITIONS.

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

FIELD TRIP CONSENT:

I HEREBY GIVE MY CONSENT TO HAVE MY CHILD PARTICIPATE IN ALL ACTIVITIES PROVIDED BY TKA CHILD PROGRAMS. I GIVE MY PERMISSION TO HAVE MY CHILD TRANSPORTED TO AND FROM VARIOUS FIELD TRIPS ON TKA, NON SCHOOL DAY CAMP PROGRAMS. TRANSPORTATION IS PROVIDED BY A TRANSPORTATION COMPANY HIRED BY TKA, TO AND FROM ALL FIELD TRIPS.

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

REGULAR SCHOOL HOURS:

I REALIZE THAT TKA CHILD PROGRAMS IS NOT RESPONSIBLE FOR ANY INJURIES THAT OCCUR DURING THE 8:00 A.M. – 2:00 P.M. TIME THE CHILDREN ARE IN SCHOOL.

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

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AUTHORIZATION FOR MEDIA RELEASE:

I ACKNOWLEDGE THAT TKA CHILD PROGRAMS IS A PRIVATE PROVIDER AND UNDERSTAND THAT MYCHILD'S PICTURE MAY APPEAR IN NEWSPAPERS, FLYERS, PARENT BOARD AND / OR ON TELEVISION AS PART OF MEDIA PUBLICATION ON TKA CHILD PROGRAMS.

I DO AUTHORIZE: _____ (INITIAL) I DO NOT AUTHORIZE: _____ (INITIAL)

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

SIGN IN/SIGN OUT: PLEASE COME INTO THE FACILITY TO SIGN YOUR CHILD IN AND OUT DAILY. AT PICK UP,PLEASE SHOW ID DAILY.IT FOR SOME REASON YOU SHOULD BE LATER THAN USUAL PICKING UP YOUR CHILD, PLEASE GIVE US A CALL SO THAT YOUR CHILS DOES NOT PANIC THAT FORGOT HIM/HER. IF YOU HAVE SOMEONE OTHER THAN THE USUAL PERSON PICKING UP YOUR CHILD, YOU MUST CALL US IN ADVANCE AND LET US KNOW THE PERSON'S NAME. THE PERSON MUST PRESENT A PHOTO ID BEFORE WE WILL RELEASE YOUR CHILD, ALSO, YOU MUST NOTIFY US IF SOMEONE IS NOT ALLOWED TO PICK UP YOUR CHILD. YOU MAY DO SO ON YOUR CHILD'S REGISTRATION PACKET. WE CAN NOT LEGALLY BAR A PARENT FROM PICKING UP A CHILD. WE WOULD NEED A COPY OF A COURT ORDER ON FILE.
ALL OF THIS IS YOUR CHILD'S SAFETY AND PROTECTION!

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

PASSWORD: _____ (To be used in case of emergency)

LIST MEDICAL CONCERNS / ALLERGIES:

THERE IS ANY INFORMATION THAT YOU THINK AS A PARENT WE SHOULD KNOW?



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Note: please return this paper to the office!

_____ Waiver and release: I understand that all possible precautions are taken to ensure that the Tae Kwon Do program and activities at American TKA Universal Martial Arts are conducted by mature and qualified personnel in a safe and responsible manner. However, I further understand that because of the nature of some activities within the karate program there is a potential for accidental injury. I do recognize these risks and agree to allow my child to participate in the karate program. I understand these risks and hold no claims against American TKA Universal Martial Arts 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 permission to American TKA Universal Martial Arts to use any individual group photo of my child/ children taken in karate activities for publications and advertising purposes.

_____ The school is not responsible for any loss, damage or theft of any student property. Parents and students agrees that American TKA Universal Martial Arts and their staff are not responsible for, or liable for any such property even if it's lost, damaged or a theft occurs on or about the school's facility.

I _____ understand that American TKA Universal Martial Arts is a martial arts school and not a day care in as such, their stock-in-trade is not supervision and care. Their intent is to teach martial arts physical and philosophical character building skills. I understand that American TKA Universal Martial Arts is a Martial arts school and is a drop in facility and that as such, my child/children are free to come and go and if my child/children are to stay in their facility, it is because of my direction and not the school.

_____ I have received the Karate After School Program Handbook & Tae kwon do Program Student Handbook. I understand I'm fully responsible to read both documents entirely and I agree to comply with every detail, rules and regulations included in both handbooks. Disregarding of the rules and regulations may result in a temporary or permanent suspension of the Karate After School Program.

Parent Print name

Date

Parent Signature

Student(s) name(s)

