

**Flex After School Martial Arts Program
Includes FREE Pick-Up
2015-2016 Registration & Permission Form**

School Name _____ Release Time _____
Child's Name _____ DOB _____ Age _____ M/F _____
Address _____ City/State _____ Zip _____

Parent/Guardian Information:

Mother/Guardian _____ (H) _____ (W) _____ (C) _____
Father/Guardian _____ (H) _____ (W) _____ (C) _____

Other Emergency Contact: (Authorized to pick up your child)

Name _____ (H) _____ (W) _____ (C) _____

Request for Permission: I, the above child's parent/guardian, hereby give Flex Tae Kwon Do Center, Inc. permission to pick my child up after school. The Flex staff will transport my child to their facility located at 3912 Battleground Ave.

Assumption of Risk: I acknowledge and understand that there is a risk of injury involved in participation of activities during Tae Kwon Do class and during transportation to the facility. I understand that my child will be under supervision and direction of the staff at Flex Tae Kwon Do Center. I agree that my child is to follow the instructions of the staff at all times in order to avoid injury. However, I acknowledge that injuries may and do occur. I freely, knowingly, and willingly accept and assume the risk of injury that might occur from my child's participation in the Flex After School Martial Arts Program.

Release: In consideration of Flex Tae Kwon Do Center allowing my child to participate in the After School Martial Arts Program, I hereby agree to waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any other parent or guardian of my child, Flex Tae Kwon Do Center, and their respective volunteers, instructors, members and other staff members from liability to us and our child, as well as our personal representatives, assigns, heirs and next of kin, for any and all claims, suits, or causes of action arising from or out of any injury, know or unknown, to property or body that my child may suffer from participation in Flex Tae Kwon Do Center activities.

Photographs: Photographs may occasionally be taken of the children during Flex activities. By signing this registration form, I consent to the use of pictures of my child for displays, albums and other promotional materials with no compensation to my child or me.

Parent/Guardian Initials _____

Certification of Child's Fitness & Medical Authorization: I, the undersigned, hereby certify that to the best of my knowledge, my child is physically fit and able to safely participate in activities for which my child has been registered. In addition, I understand that in the case of illness or injury, my emergency contact or myself will be notified immediately. In the event that myself or my contact name cannot be reached, I authorize Flex TKD Center staff to obtain the necessary medical care or treatment for my child, including but not limited to first aid, X-ray examinations, and aesthetic, medical or surgical diagnosis or treatment/hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment.

If your child has any allergies, asthmatic conditions or the like which Flex TKD Center should be aware of, please list on back. If any medication is to be administered during the After School Martial Arts Program, please give detailed instructions, times and provide medicine in original container.

Doctor/Medical Practice Name _____ Phone _____
Name of Insurance Company: _____ Policy # _____

If child is absent from school or will be a car rider please call Flex before 1:00 pm so we can remove them from pick-up schedule. If for any reason child is not able to participate in class, please make arrangements to pick them up from Flex before the 4:00 pm class. Flex is a full-time Martial Arts school and we do not have the room or staff to supervise children sitting idle in the lobby. **All children need to be picked up no later than 6:00 pm. A late charge of \$1.00 per minute will be assessed and paid before the next school day pick-up or parent/guardian will need to make arrangements to pick up their child from school until payment is made.** Discipline problems or inappropriate behavior at child's school or at Flex TKD Centers will not be tolerated and may result in your child being dismissed from the ASMAP program without refund. To avoid a year-end bookkeeping charge of \$25, we will continue to offer receipts for ASMAP fees at the time of payment. Please understand that this is a Martial Arts program with the convenience of after school pick up. **Flex is not a Day Care provider** and your tax expert may or may not be able to deduct ASMAP fees. **We will not reserve transportation for children who are absent from our program without a \$20 HOLD fee per week.**

All ASMAP deposits and tuition fees are non-transferable and non-refundable.

IN WITNESS WHEREOF, I have executed this permission, waiver/release and medical certification form with full knowledge of its contents on this date: ___/___/_____.

Parent/Guardian Signature

Print Parent/Guardian Name