



After School Martial Arts Program
7754 State Road 72
Sarasota, FL 34241
941-926-0355
Fax 941-926-2907

DATE _____ CHILD'S NAME: _____
ADDRESS: _____
CITY _____ STATE _____ ZIP _____
AGE _____ DATE OF BIRTH: _____
FATHER'S NAME: _____
MOTHER'S NAME _____
HOME PHONE _____ WORK PHONE _____
CELLULAR PHONE _____
EMAIL ADDRESSES _____
NAMES AND NUMBERS OF TRANSPORTATION FOR THIS CHILD (ID WILL Be
REQUIRED) _____
EMERGENCY NAMES AND NUMBERS _____

SCHOOL YOU ATTEND _____ **UNIFORM SIZE _____
FULL TIME (4-5 DAYS) Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___
PART TIME (UP TO 3 DAYS) Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___
CREDIT CARD NUMBER _____
EXP DATE _____ V-CODE _____

****DO YOU HAVE ANY MEDICAL or ALLERGY PROBLEMS THAT YOUR INSTRUCTOR SHOULD BE AWARE OF? (If yes, please explain on the back of this page)**

****DO YOU HAVE ANY LEARNING OR PHYSICAL CHALLENGES (ADD, ADHD, ETC)**
This is asked only to benefit the Child.

TO RESERVE YOUR SPOT WE REQUIRE A NON-REFUNDABLE DEPOSIT TO INCLUDE A \$89 REGISTRATION FEE AS WELL AS THE FIRST WEEKS TUITION FEE

NOTICE: THE ACADEMY URGES ALL MEMBERS TO OBTAIN A PHYSICAL EXAMINATION FROM THEIR PHYSICIAN PRIOR TO THE ATTENDANCE IN ANY TAEKWONDO OR PROTECH CLASS, IN RECOGNITION OF THE POSSIBLE DANGERS CONNECTED WITH ANY PHYSICAL ACTIVITY. MEMBER(S) HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT OF CAUSE OF ACTION OF ANY KIND WHATSOEVER ARISING AS A RESULT OF SUCH ACTIVITY FROM WHICH LIABILITY MAY OR COULD ACCRUE TO THE ACADEMY, ITS OFFICERS, AGENTS, EMPLOYEES OR INSTRUCTORS.

THERE WILL BE AN ADDITIONAL \$1.00 PER MINUTE CHARGE IF PICKED UP AFTER 6:00 PM. I UNDERSTAND THAT THERE WILL BE NO EXCEPTIONS.

I HAVE READ THE ABOVE _____

Signature of Parent or Legal Guardian