



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: _____

PARENT NAMES: _____

HOME PHONE _____ WORK PHONE _____

CELLULAR PHONE (PLEASE PUT NAME NEXT TO NUMBER) _____

EMAIL ADDRESSES _____

NAMES AND NUMBERS OF PERSONS AUTHORIZED FOR PICK UP (ID WILL BE REQUIRED) _____

EMERGENCY NAMES AND NUMBERS _____

SCHOOL YOU ATTEND _____ **UNIFORM SIZE _____

FULL TIME (4-5 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 AN \$149 REGISTRATION FEE which includes: uniform, boots, gloves ATA registration fees AS WELL AS THE FIRST WEEKS TUITION FEE (returning students:\$89 registration fee, plus first week tuition)

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