



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 \$89 REGISTRATION FEE (Includes Uniform & ATA National registration) AS WELL AS THE FIRST WEEKS TUITION FEE (boots and gloves required at Orange belt \$59)**

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