

# Martial Arts Registration and Contract

## KICKS Academy

Student's First and Last Name: \_\_\_\_\_

2nd Student's First and Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

2nd child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

List any medical issues we should know about:

\_\_\_\_\_

### To Be Completed By Student or Parent / Guardian – If Under Age 18

Parent or Guardian Name-

Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact other than parents:

Name: \_\_\_\_\_ phone \_\_\_\_\_

**In the event of a medical emergency, I hereby grant authority to a representative of the Church, Michael Murphy, or any adult representative there-of to sign for emergency treatment of myself/my child.**

**Signature of Parent/Adult Student:** \_\_\_\_\_

Printed Name of

Parent/Student: \_\_\_\_\_ Date \_\_\_\_\_

## Waiver and Release

**Responsible party must read the entire contract before signing.**

I do hereby agree to participate in Martial Arts (referred to as "KICKS Academy") located at Knightsville United Methodist Church 1505 Central Ave. Summerville, SC 29483. I recognize the risks of injury that are common to any performing arts program that my child or I participate in and I do hereby waive and release KICKS Academy and Knightsville United Methodist Church from and against any and all claims, actions, causes of action, damages, costs, liabilities, expense of judgments, including attorney's fees and court costs, that arise out of my participation in this program. I hereby execute this Waiver and Release form permitting my minor child and / or myself to participate in the KICKS Academy program.

I understand that the classes are based on a twelve-month calendar year and that tuition for the (years) school session is based on a twelve-month calendar year. Students will average four or more classes per month / per calendar year. Tuition and Testing fees (if eligible) are due and must be paid on or before the first of the month class, or, for testing, on the date of testing, regardless of Student's absence, major holidays, and / or school holidays. I understand that I will receive a courtesy bill reminder, and that tuition not received by the first of each month will assess a late charge, starting at \$10.00. Returned checks will result in a \$25.00 penalty fee.

I understand that Registration fees, tuition, equipment, camps, and testing fees are non-refundable. I understand that if I wish to terminate membership I will provide KICKS Academy a fourteen-day advance notice before the student's last class. Uniforms, equipment, camps, testing fees, private lessons, etc. are all additional costs and are not included in with tuition or registration. It is the Parent and / or Guardians/ or after-school care provider's responsibility to bring the student into the building and to pick them up. All students must sign in and out. Siblings must be monitored and be respectful of Summerbrook's facility at all times or will be asked to leave. Parents and family members are welcome to watch classes, but must be quiet and not disturb the students or staff.

**Signing below indicates that you have read the Waiver and Release guidelines, terms and conditions, and regulations on this contract and fully understand the contents.**

This contract will remain on file in the Karate office unless the terms and conditions change. At that time a new contract will be executed.

I have executed this Waiver and Release this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Student or Parent / Guardian if under the age of 21

\_\_\_\_\_  
Signature of KICKS Academy representative