



**PERMISSION TO RIDE FORM**  
**Required Form CP-2**  
**(This form must be completed and returned!)**



I hereby grant permission for my child/children listed below to ride to and from activities of the King Tiger Academy (KTA) Summer Camp or After-school Martial Arts Program which could require automobile transportation. KTA Summer Camp or After-school Martial Arts Program will take field trips that may include, but are not limited to local parks, swimming, movies, libraries, bowling, roller skating, etc. I understand or acknowledge that the KTA Summer Camp or After-school Martial Arts Program will use a reasonably safe means of automobile transportation for such trips. I also understand that my child/children will be expected to follow all rules of the KTA Summer Camp or After-school Martial Arts Program while on field trips outside of the normal location of the camp/program.

I am giving permission for my child/children:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I also understand that the Camp Director may or may not be present on all field trips. I understand that if my child is taking medication of any kind, and the Camp Director is not present on the trip, the medication will be dispensed by a responsible Assistant Camp Counselor. I acknowledge that this form also works in conjunction with the Release For Emergency Care and the Use of Medication forms provided to me by the Camp Director at the same time that this form was given.

**Note:** Please be sure that you have carefully and completely filled out the Release For Emergency Care and the Use of Medication forms.

By signing on the line below, I am acknowledging that I have read and understand the information above.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Printed Name of above person: \_\_\_\_\_

Date form was signed: m \_\_\_\_\_ d \_\_\_\_\_ y \_\_\_\_\_



## RELEASE FOR EMERGENCY CARE

### Required Form CP-1

(This form must be completed and returned!)



- ◆ This form must contain only one child's name and must be updated annually.

I hereby give my consent to any emergency facility and physician to administer the necessary medical treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached. I also give consent for him/her to be transported by any emergency vehicle or other means of transportation.

My child's allergies are:

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Our Family Physician is: \_\_\_\_\_

Physician Telephone Number (s): \_\_\_\_\_

My child's last DPT/Tetanus Shot was: m \_\_\_\_\_ d \_\_\_\_\_ y \_\_\_\_\_

My child's Health Insurance Company is: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

In the event of an emergency, I can be reached at the following phone numbers:

Home Phone #: \_\_\_\_\_ Mobile/Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Ext # \_\_\_\_\_

In the event that I cannot be reached, my Emergency Contact person is:

Name: \_\_\_\_\_ and can be reached at

Home Phone #: \_\_\_\_\_ or Mobile/Cell Phone #: \_\_\_\_\_



# SUMMER CAMP REGISTRATION FORM

## Required Form CP-4

(This form must be completed and returned!)



### SECTION I (REGISTRATION INFORMATION)

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

First Child: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Second Child: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Third Child: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Apt.: \_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_

Email Address: \_\_\_\_\_ How often used? \_\_\_\_\_

The following people are allowed to pickup my child without written permission (List Name & Relationship to child)

1. \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_

### SECTION II (A+ PROGRAM TUITION)

**REGISTRATION FEE = \$45.00 (NON-REFUNDABLE) (FOR NEW STUDENTS ONLY)**

This fee includes (1) Uniform, and Application Fee

**WEEKLY TUITION = \$125.00 PER WEEK**

\*\* Includes all Field trips, Activity fees, Arts & Crafts, 1 Nutritious Snack.

\*\* Each A+ Program member will need to bring his/her own lunch on all full days at the Academy (I.e. Teacher work days, School Annual Leave Days, Holidays, etc.)

#### **NOTICE TO BUYER**

- Parent/Guardian should fill in all blanks accurately, read the reverse side entirely before signing the agreement.
- Parent/Guardian certifies that child/children listed above is in good health. (If Not, please explain): \_\_\_\_\_
- Parent/Guardian understands and agrees that they are responsible for providing lunches for the child/children each Monday through Thursday. (Friday lunch will be provided by Summer Camp Staff)
- Parent/Guardian understand and agrees that they are responsible for paying Summer Camp Weekly Tuition each Monday, but no later than the following Tuesday before 5:00pm (EST). **All Summer Camp Tuition received after 5:00pm, the following Tuesday, will be accessed a \$10.00 Late Fee.**
- Parent/Guardian understand and agrees that if a Check Payment is Returned by their bank for any reason, there will be an additional **\$30.00 Returned Check Service Fee.**
- Parent/Guardian understand and agrees that additional uniforms, seminars, testing, tournaments etc. fees are separate fees not included in the terms of this agreement.
- **NOT A DAY CARE:** I / We, the Parent/Guardian, understand that the King Tiger Tae Kwon Do is a martial arts school and not a day care, and as such, it's stock-in-trade is not supervision and care, but rather offering physical instruction and character building skills of martial arts. We understand that the School is a drop-in facility, the children are free to come and go from the school with a parent, legal guardian or person with written permission, and if my child/children attend the school, it is at my direction, and not at the direction of the school.

**Additional Terms and Conditions**

I, as the Buyer, enter into this Agreement with King Tiger Tae Kwon Do (hereinafter referred to as “the School”) and do hereby agree, on behalf of myself, my children, and all persons who become entitled to use the facilities of the School by virtue of my membership, as follows:

**WAIVER AND RELEASE:**

I and my child/children fully recognize the risks of injury and/or illness inherent in participation in any fitness or martial arts program, and we represent to the School that we have taken all reasonable steps to determine, and hereby warrant, that we are in good health and physically capable of participating in the programs and courses of instruction offered by the School. We acknowledge that the School shall make no, and shall have no responsibility to make any independent evaluation of our physical health or fitness. We understand and agree that all participating in any such fitness program or use of the School’s facilities or equipment on or off the premises of the School, including field trips, shall be at our own risk.

We hereby release, indemnify, and hold harmless the School and its officers, directors, employees, and agents from and against any and all claims, demands, damages, costs and liabilities of any kind or nature, including attorney’s fees and costs, for injury or death of myself or my child/children or any person or persons who become entitled to use the facilities of the School by virtue of our membership, or any third persons, which arise directly or indirectly out of or in connection with our participation in any program or course of instruction either on or off the premises of the School, or by virtue of our presence at the School or at any particular program or event. We understand and agree that the School shall not be responsible for the conduct of other users of the School or its facilities or equipment, or participants in the School’s off-premises programs, or for any injury or death or damage to property resulting from such conduct, and we shall not bring any action or proceeding against the School for any payment compensation or claim for any loss of life or injury caused by any such user.

**LOSS/DAMAGE/THEFT OF PROPERTY:**

We understand and agree that neither the School, nor its officers, directors, agents, or employees shall be responsible for any personal property which is damaged, lost or stolen in or around the School or its facilities, or at any of the School’s off-premises events and field trips.

**RULES AND REGULATIONS:**

I and my child/children agree to abide by the rules and regulations governing the conduct and operation of the facilities. We understand that the School has the right to alter or amend any and all rules and regulations, including those set forth in this Membership Agreement, and we agree to abide by all such amended rules and regulations. We acknowledge that we have been provided with a copy of all current rules and regulations.

We understand that our membership and right to use the School’s facilities and programs may be suspended or terminated at any time, with and without notice or cause.

**ADDITIONAL COSTS:**

We understand and agree that there will be special events held at the school, including but not limited to belts tests, tournaments, camps, sleep-overs, etc., and these events all incur additional fees beyond the amounts set forth in this Agreement. We also understand and agree that the cost of uniforms, equipment, supplies, and food items such as snacks are not included in the cost set forth above, and must be purchased separately. Only Two (2) Nutritious Snacks will be provided during any Summer Camp or Special Day Camp which children will be attending for more than a Six (6) hour time period.

**PHOTOGRAPHS:**

We hereby authorize the center and its agents, successors and assigns to photograph me or my child/children and/or use our voice without restriction and to utilize such photographs and/or voice transcriptions for any commercial purpose, including, but not limited to the promotion and marketing of the School, and we agree that we shall not be entitled to receive any compensation whatsoever of any kind as a result of such.

**REQUIRED SIGNATURE:**

By signing on the line below, I do hereby acknowledge that I have read, understand and have provided accurate information which I have stated above . I also understand that the King Tiger Tae Kwon Do Staff will faithfully act in my child’s best interest.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Printed Name of above person: \_\_\_\_\_

Date Agreement was made: m \_\_\_\_\_ d \_\_\_\_\_, y \_\_\_\_\_