

I have received, read, and I understand the contents of the Parent Handbook _____ (Initial)

My child's immunization, vision, and hearing screening records are on file at the school and all immunization and tuberculosis test results are current. (Initial) Yes _____ / No _____ (If on file at local school, we don't need a copy)

Payment Terms

The **Enrolling Parent/Guardian** is considered by AKA to be the **Financially Responsible Party**, regardless of who actually pays the **Tuition**. I understand that **Weekly Tuition is due by Monday evening or a \$25 Late Fee will be charged**. I will contact the AKA Director or Office Manager on or before Monday to make arrangements if for any reason I cannot pay on time. I also understand that **AKA does not offer Half/Partial Week Tuition**. **We do not offer "Vacation Weeks" during the school year**. **If my child is absent for any week during the school year, including holidays and school breaks, one half of normal tuition is due.**

Date _____ Signature of Enrolling Parent/Guardian _____

List any special problems that your child may have – such as allergies, existing illnesses, previous serious injuries, in the past 12 months, **any medication prescribed for continuous or daily use**, or any other information that the staff should be aware of (**if none, please indicate**):

TRANSPORTATION: I hereby **give / do not give** (circle one) my consent for my child to be transported in vehicles provided by AKA (bus, van, or personal staff vehicles as deemed necessary) and supervised by this facility's staff – (**Initial where indicated**)
To and from school _____, on field trips _____.

WATER ACTIVITIES: I hereby **give / do not give** (circle one) my consent for my child to participate in water activities in
Splashing/Wading pools _____, Swimming pools _____, and other bodies of water provided by the staff _____. (Initial where indicated)

Parents comment: _____

Liability Waiver and Publicity Release

I/We hereby agree that I/We and the registrant herein will abide by the rules of AKA, its affiliates and sponsors. I/We hereby give approval for the participation of myself and/or my child in any and all activities with any and all AKA, and affiliated associations or child care activities. Recognizing the possibility of physical injury associated with martial arts and other physical activities in consideration for AKA accepting the registration fee for its martial arts or child care program, I/We hereby assume all risk and hazards incident to such participation. I/We hereby release, discharge, absolve, indemnify, and agree to hold harmless AKA, its affiliated organizations and sponsors, their employees and associated personnel, the organizers, supervisors, referees, officers, directors, participants, persons or parents transporting registrant to or from such activities, including the owners of the facilities utilized for the activities against any claims arising out of injury to myself and/or my child by or on behalf of the registrant as a result of the registrant's participation in the activities, including transportation (by bus, van or personal staff vehicles as deemed necessary) to and from said activities which transportation I/We do hereby authorize.

Furthermore, I/We know of no impairment or deficiency in physical health or otherwise that would limit or prohibit my child from participating in daily activities and/or game competition. I/We agree to advise and make known to the instructor and/or AKA Staff of any change in the physical health or any other condition that would limit or prohibit the above named student from participating in practice sessions, games, or other AKA sponsored activities.

Although American Kids Athletics does not sell, rent, or disclose personal information to outside entities, any photographs or videos taken of my child during daily activities may be used for promotional and/or business networking purposes without liability or compensation.

Date _____ Signature _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION – COMPLETE IN FULL

In the event that I cannot be reached in an emergency, I authorize the facility director or person in charge to take my child to:

Name of Licensed Physician	Address (Required)	Telephone Number (Required)
OR (name of hospital or clinic)	Address (Required)	Telephone Number (Required)

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian for the above-named student, I/We hereby give my consent for emergency medical treatment prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependant.

Date _____ Signature _____