HOW DID YOU HEAR ABOUT US?
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3211 N. Fry Rd Katy, TX 77449 281-492-2411 www.akasportscamp.com

Before SchoolAfter School Summer Camp	Group
Office use only: Original Enrollment Date	

## CHILD CARE ENROLLMENT FORM

	o Kemp		Start Dat	e:
tudent Full Name:				ate of Birth:
Last	First	Mid	dle	
tudent Address:Street				Gender
Street		City	Zip	
nrolling/Primary Custodial	Parent or Guardian Name	<b>)</b> :		
· <del></del>			Relationship:	
Last	First			
Oriver's License #	State:	_ Email:		@
eliable Phone:	Secondary Phone:		Otl	ner:
econdary Parent/Step-Pai	rent/Guardian Name:			
•		Relationship:		
Last	First		1	
river's License #	State:	_ Email:		@
eliable Phone:	Secondary Phone: _		Oth	er:
	RTH PARENT **See below: (Only fill this section if this person is authorized to pick up your child)  Relationship:			
ddress:			_ Phone:	<del></del>
Street	City/State	Zip		
				OFFICIAL change in custody agreement not just accept a phone call or note st
hat a non-custodial parent is no longe nform and then enforce this request.	•	our staff in a po	UIRED):	position as being the ones who have to pick up your child)
nat a non-custodial parent is no longe form and then enforce this request.	er allowed to pick up a child. This puts  Emergency Co	ntact (REQ	UIRED):	
nat a non-custodial parent is no longe offerm and then enforce this request.  (Name of relative Name	Emergency Cove or friend who may be reached in an	ntact (REQ	<b>UIRED):</b> o is also authorized t	o pick up your child)  Reliable Phone
nat a non-custodial parent is no longeration and then enforce this request.  (Name of relative Name)  The following individuals, in additional and the control of the contr	Emergency Co ve or friend who may be reached in an  Address on to the enrolling and secondary po	ntact (REQ n emergency, who	<b>UIRED):</b> o is also authorized t	o pick up your child)  Reliable Phone
hat a non-custodial parent is no longe nform and then enforce this request. (Name of relativ	Emergency Co ve or friend who may be reached in an  Address on to the enrolling and secondary po	ntact (REQ n emergency, who	<b>UIRED):</b> o is also authorized t	o pick up your child)  Reliable Phone

Signature	lif on file at least school we don't need a service
	(If on file at local school, we don't need a copy <b>)</b> Date
	Payment Terms
	for a guaranteed spot in our program, and tuition rates are determined based on that eekly tuition is due for every week during the school year, even if your child is absent.
◆ I understand that Weekly Tuition is due by Mor before Monday to make arrangements if for any re	AKA to be the Financially Responsible Party, regardless of who actually pays the Tuition.  day evening or a \$25 Late Fee will be charged. I will contact the AKA Director or Office Manager son I cannot pay on time. I understand that AKA does not give breaks in Tuition for any reason of during the school year, including holidays and school breaks, FULL NORMAL TUITION IS DUE.
♦ Date Signature of Enrolling	g Parent/Guardian
medication prescribed for continuous or daily	nave – such as allergies, existing illnesses, previous serious injuries, in the past 12 mont <b>use</b> , or any other information or condition that the staff should be aware of. NOTE: If yo encies, we must have an unexpired Epi-Pen in the original pharmacy- labeled container at the please indicate):
	circle one) my consent for my child to be transported in vehicles provided by AKA (bus, van, or perby 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)
Parents comment or "NONE":	
L	ability Waiver and Publicity Release
◆ I/We hereby agree that I/We and the registrant he myself and/or my child in any and all activities with an associated with martial arts and other physical activiti assume all risk and hazards incident to such participat organizations and sponsors, their employees and asso transporting registrant to or from such activities, inclumy child by or on behalf of the registrant as a result of deemed necessary) to and from said activities which the Furthermore, I/We know of no impairment or deficient and/or game competition. I/We agree to advise and means to the registrant as a result of the registrant as	ein will abide by the rules of AKA, its affiliates and sponsors. I/We hereby give approval for the participal and all AKA, and affiliated associations or childcare activities. Recognizing the possibility of physical injustic in consideration for AKA accepting the registration fee for its martial arts or childcare program, I/We lon. I/We hereby release, discharge, absolve, indemnify, and agree to hold harmless AKA, its affiliated in its properties of the organizers, supervisors, referees, officers, directors, participants, persons or parentling the owners of the facilities utilized for the activities against any claims arising out of injury to mysel the registrant's participation in the activities, including transportation (by bus, van or personal staff vehansportation I/We do hereby authorize.  Ey in physical health or otherwise that would limit or prohibit my child from participating in daily activities ake known to AKA Staff of any change in the physical health or any other condition that would limit or prohibits.
◆ I/We hereby agree that I/We and the registrant he myself and/or my child in any and all activities with an associated with martial arts and other physical activiti assume all risk and hazards incident to such participat organizations and sponsors, their employees and asso transporting registrant to or from such activities, inclumy child by or on behalf of the registrant as a result of deemed necessary) to and from said activities which to the furthermore, I/We know of no impairment or deficient and/or game competition. I/We agree to advise and mathematory that the above-named student from participating in practice.  Although American Kids Athletics does not sell, re	ein will abide by the rules of AKA, its affiliates and sponsors. I/We hereby give approval for the participal and all AKA, and affiliated associations or childcare activities. Recognizing the possibility of physical injustic in consideration for AKA accepting the registration fee for its martial arts or childcare program, I/We have been prelease, discharge, absolve, indemnify, and agree to hold harmless AKA, its affiliated inted personnel, the organizers, supervisors, referees, officers, directors, participants, persons or parentling the owners of the facilities utilized for the activities against any claims arising out of injury to mysel the registrant's participation in the activities, including transportation (by bus, van or personal staff vehansportation I/We do hereby authorize.  Ety in physical health or otherwise that would limit or prohibit my child from participating in daily activities as known to AKA Staff of any change in the physical health or any other condition that would limit or persons, games, or other AKA sponsored activities.
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