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\_\_\_\_\_ Before School  
\_\_\_\_\_ After School  
\_\_\_\_\_ Summer Camp

\_\_\_\_\_ Group

Office use only:  
Original Enrollment Date \_\_\_\_\_

- ◆ 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 his/her school and all immunization and tuberculosis test results are current \_\_\_\_\_ (If on file at local school, we don't need a copy)
- Signature \_\_\_\_\_ Date \_\_\_\_\_

## Payment Terms

- ◆ When you enroll your child, you are paying for a guaranteed spot in our program, and tuition rates are determined based on that spot being filled for the school year. **Full normal weekly tuition is due for every week during the school year, even if your child is absent.**
- ◆ 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 understand that **AKA does not give breaks in Tuition for any reason during the school year. If my child is absent for any week during the school year, including holidays and school breaks, FULL 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 or condition that the staff should be aware of. NOTE: If your child has allergies that require an Epi-Pen for emergencies, we must have an unexpired Epi-Pen in the original pharmacy- labeled container **AND** an Action Plan from your child's Physician. (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)

Parents comment or "NONE": \_\_\_\_\_

## 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 childcare 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 childcare 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 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)
<b>OR</b> (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 consent for emergency medical treatment prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Date \_\_\_\_\_ Signature \_\_\_\_\_