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| --- | --- | --- |
| 1.Student Information |  NAME1*(First, Middle, Last)*  | DOB (MM/DD/YYYY)   |
| AGE | SCHOOL/GRADE | EMAIL |
| NAME1 *(First, Middle, Last)* | DOB (MM/DD/YYYY)  |
| AGE | SCHOOL/GRADE | EMAIL |
| ADDRESS | CITY | STATE | ZIP CODE |
| CELL PHONE | WORK PHONE | HOME PHONE |
| PARENTS / GUARDIAN’S NAME*(please print)* |
| 2.After School Operation Rules | 1. Our After school Martial Arts Programs opens from the first days of school through the last day of school, Monday through Friday, from the time your child gets out of school to 6:30pm.
2. We are closed on Most of Federal Holidays(Labor Day, Thanksgiving Day and weekends, A week of December for winter recess(Dec.23~ New Year’s Day), Presidents’ Day and Memorial Day
3. We provide early pick up during the time of two hour early dismissal at no additional cost. Please note, that students must provide a bag lunch on these days.
4. We are open as conditions allow, during inclement weather (unscheduled) school closings or teacher’s work days for registered full time students at an additional rate of $25 per day per child and part time student rate of $35 per day. Students must provide a bag of lunch.
5. After school martial arts not provide snack. If your child is bringing his/her own snack. She/he must ask permission by the instructor before she/he can eat and must not contain any nut products due to other children with food allergies.
6. After school martial arts transports students from local schools to martial arts facility. Please come to the office and let us know you are picking up your child. We will bring your child to you. If someone other than the parents or guardian picking up your child, please call the office or send a not by email or in hand.
7. If a student gets three official warnings from instructors in one day or 10 official warnings within a week, the student will be suspended from all after school activities the next day or for the entire following week.
8. Cell Phone should not be allowed in the SRMA. It only allows upon parents request.
9. Bullying behavior of any kind will not be tolerated. This includes name calling and put downs.
10. No obscene language will be tolerated anywhere on the martial arts facility.
11. We will not tolerate any kind of anti-social behavior. Any teasing or unacceptable a matter of urgency. If, your child reports any problems to you relating to the above, then please inform us as soon as possible so that we can deal with the matter immediately.

\*Please note that Martial Arts Summer Camp hours are differ. For summer program, we are open Monday through Friday, 7am to 6:30pm. We are closed on July 4th. |
| 3. Notice Of Consumer Rights |  (1) Any early termination request must be received in writing. Terminating this Membership Agreement before its completion may result in a forfeiture of pre paid monies to South River Martial Arts. Your rights to cancel this Membership Enrollment Agreement are set forth below and are made a part of this Membership Enrollment Agreement. You may cancel this Membership Enrollment Agreement without any penalty or penalty of further obligation within three (3) days from the date of this Membership Enrollment agreement. Notice of cancellation shall be in writing and either mailed (registered or certified) or delivered to: South River Martial Arts, 20 Mayo Road, Edgewater, Maryland 21037. (2) If Student becomes disabled for least three (3) months during the membership term and the disability is confirmed in writing by a physician, you have the right to an extension and/or termination of this Membership Enrollment Agreement. 3) If you move your residence more than 25 miles from the South River Martial Arts facility, cancellation under this Membership Enrollment Agreement requires written proof of new permanent address in the form of a business or official document. (4) If the school is closed for a month or more, you are entitled to your choice of either an extension of the Membership Enrollment Agreement or a prorated refund except if the closing is not the fault of the facility, in which case the choice of remedy will be made by South River Martial Arts. (5) The Student (or parent/legal guardian) agrees that South River Martial Arts may take photographs and may make video and audio material of the Student’s classes and school events, and that these materials may be used for display, promotion and/or advertising, or sold for profit, and the Student hereby waives any compensation to which they may otherwise be entitled for appearing in such materials. (6) South river Martial Arts shall not be responsible for damaged, lost, or stolen personal property of a student or guest. (7) This notice of Consumer’s Rights is an integral part of the South River Martial Arts After School Martial Arts Application. |
| 4. Basic Health  | Has your child had any of the following: 🞏 Chicken Pox 🞏 Mumps 🞏 Measles 🞏 Strep Throat 🞏 Hepatitis 🞏 Scarlet Fever 🞏 Major Surgery  |
| Is your child taking over-the-counter or prescribed medication regularly? 🞏 Yes 🞏 No *(If yes, please list medication)* |
| MEDICATION1  | MEDICATION 2 | MEDICATION 3 |
| Does your child have any known food, drug, or environmental allergies? 🞏 Yes 🞏 No *(If yes, please list medication)* |
| ALLERGY 1 | REACTION: | TREATMENT |
| ALLERGY 1 | REACTION: | TREATMENT |
| Has your child ever been suspected of having or diagnosed with seizures? 🞏 Yes 🞏 No |
| Does your child have or exhibit any of the following *(checking an item does not automatically disqualify your child from the program)*🞏 Temper tantrums 🞏 Nail biting 🞏 Hair pulling 🞏 Continuous complaints of being ill |
| 5. Release for Emergency Care | I/We give my/our permission to any emergency facility and/or physician to administer necessary to my/our child in the event of an emergency at which time I cannot be reached. I/We give my/our permission for my/our child to be transported by ambulance if the situation warrants it. I/We the undersigned parent, parents or legal guardian, do hereby authorize and consent South River Martial Arts II to obtain any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provision of the Medicine Practice Act, of a Dentist licensed under the provisions of the Dental Practice Act, and on the staff of any acute general hospital holding a current license to operate a hospital from the State of Maryland Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care, which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. |
| NAME OF FAMILY PHYSICIAN/HEALTH CARE PROVIDER  | PHONE NUMBER |
| ADDRESS | CITY | STATE | ZIP CODE |
| 8. Emergency POC  | NAME:  | PHONE NUMBER: |
| NAME:  | PHONE NUMBER: |
| 9. Permission to Ride(after school & fun camps) | Students will not be allowed to participate in offsite activities (demonstrations, tournaments and field trips) requiring transportation in vehicles driven by people other than their parents without written parental permission. This form will remain active during the length of the student’s enrollment at South River Martial Arts. I give permission for my child(ren) to ride in a vehicle driven by a member of South River Martial Arts for activities relating to demonstrations, tournaments, field trips and similar instances. He/she will return to South River Martial Arts II at the pre-determined time for pick up by their parent/guardian. If for whatever reason we (SRMA) are unable to return at the designated time we (SRMA) will make all efforts necessary to contact the individuals listed below. In the event that I/We are unable to meet SRMA at the designated pick up time, I/We will call SRMA to notify and make arrangements for our child to be picked up by another individual. I/We understand that an additional fee may be charged if SRMA staff is required to wait beyond 30 minutes of the pre determined pick up time.  |
| *STUDENT/PARENT/GUARDIAN PRINTED NAME:* | *STUDENT/PARENT/GUARDIAN SIGNATURE:* | *DATE:* |

Recurring Payment Authorization Form

Please complete the information below:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize *SOUTH RIVER MARTIAL ARTS* to charge my account indicated below

🞏Full Payment 🞏Monthly

1. Payment Due on Every\_\_\_\_1st / Month

2. Membership Period Date : \_August 23, 2016 - June 14, 2017

3. Program Price $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4.Down payment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Balance/Total Billed $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. Number of payment \_\_\_\_\_\_\_\_\_

7. Payment Amount per (Month ) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Credit Card/ Debit Card Account No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration date. (Visa, MasterCard)

**🞏 TKD Do Bok (Uniform) $50**

**🞏 Activity Fee $45/year**

**🞏 Registration Fee $45(One time for New Members)**

SIGNATURE DATE

I understand that this authorization will remain in effect until the designated expiration date or until I cancel it in writing, whichever comes first, and I agree to notify SOUTH RIVER MARTIAL ARTS in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates falls\ on a weekend or holiday, I understand that the payments may be executed on the next business day. For Heart Land debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an Heart Land Transaction being rejected for Non Sufficient Funds (NSF) I understand that SOUTH RIVER MARTIAL ARTS may at its discretion attempt to process the charge again within 30 days, and agree to an additional $30.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.  I certify that I am an authorized user of this credit card/bank account and agree not to dispute these scheduled payments with my bank or credit card company; provided the transactions correspond to the terms indicated in this authorization form.

**PERMISSION TO RIDE**

(For School)

The South River Martial Arts must to have permission from parents that students ride to the After School Martial Arts program.

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**(Students School Name)**

**This will be effective for the 2016-17 school year.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my child(ren)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Child name) (Child name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Child name) (Child name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (South River Martial Arts) (Date)