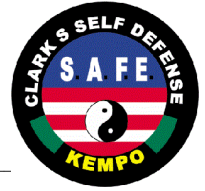


# Clark's Self Defense After School Program Registration

Late pick up Fee of \$10 will be charged to all students who are picked up after 7:00pm.



## I. Student Information:

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Any Medical Conditions: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to student: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

## II. Program Information:

*Please check applicable daily fee*

Pick up from \_\_\_\_\_ School

With Monthly Karate Membership (\$5.00/day) \_\_\_\_\_  
No Karate Membership (\$15.00/day) \_\_\_\_\_  
Promotional Rate (\$ \_\_.00/day) \_\_\_\_\_

Days child(ren) will need pick up: Mondays \_\_\_\_\_  
Tuesdays \_\_\_\_\_  
Wednesdays \_\_\_\_\_  
Thursdays \_\_\_\_\_  
Fridays \_\_\_\_\_

I \_\_\_\_\_ acknowledge that Clark's Self Defense is not a day care facility and that their stock-in-trade is not supervision and care, but rather, their intent is to teach Martial Arts physical and philosophical character building skills. I understand that Clark's Self Defense is a Martial Arts school and is a drop-in facility in as such; my child(ren) is free to come and go. Additionally, if my child(ren) stays at Clark's Self Defense facility it is because of my direction and not Clark's Self Defense.

I \_\_\_\_\_ give permission to Clark's Self Defense to transport my child(ren) \_\_\_\_\_ from his/her school to Clark's Self Defense facility located at 4952 Fruitville Road in Sarasota, FL on the days indicated above. I understand that the transportation vehicle may stop at multiple locations on route to the facility to pick up additional children.

## III. Payment Information:

Option 1: Weekly payments \_\_\_\_\_ - payments must be made on or before the first day of attendance  
Option 2: Monthly payments \_\_\_\_\_ - payments are due on the 1<sup>st</sup> of each month

Automated Credit Card Recurring Payment Authorization Form

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_ Zip Code \_\_\_\_\_

I authorize Clark's Self Defense, Inc to withdraw \$ \_\_\_\_\_ monthly/weekly from my credit card provided above to cover the After School Program dues. I understand that I have to notify Clark's Self Defense in writing no less than 7 days prior to my automatic withdrawal date if I need to change or cancel the automatic withdrawal.

## IV. No Refunds

However, as a courtesy, credit may be issued for service, equipment, or uniform at a sole discretion of Clark's Self Defense.

## V. Loss/Damage/Theft of Student's Property

Clark's Self Defense does not assume any responsibility for the loss, damage or theft of any property belonging to the Student and Student agrees that Clark's Self Defense or its personnel are not responsible for or liable for any such property even if its loss, damage or theft occurs on or about the its facility.

## VI. Waiver and Release

Parent/Guardian and Student(s) agree that Student(s) is engaging in physical exercise, the use of equipment, and the use of Clark's Self Defense training and instructional facility, which can be dangerous to the Student(s). Student(s) is voluntarily participating in these activities and Parent/Guardian and Student(s) assume all risks of injury to Student(s). Parent/Guardian and Student(s) hereby waive and release any claim or right to sue Clark's Self Defense, employees or agents for injury to Student(s). Parent/Guardian and Student(s) have carefully read this waiver and release and fully understand, it is a release of all liabilities and damages to Clark's Self Defense because of any injury that may occur at or on the way to or from the facility. Clark's Self Defense will make no evaluation or recommendation whether Student(s) or guests are fit for any exercise activities. It is always advisable to consult your physician before undertaking a physical exercise program, particularly Martial Arts activities.

I have read and agreed to the above conditions.

Sign. \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

## Video Game Play Permission

Students who are in the After Care Program and have parental permission will be allowed to play video games after completing their homework and a at least one Karate Class.

Student's Name \_\_\_\_\_

\_\_\_\_\_ I give permission to my child to play video games in the after care program

\_\_\_\_\_ I do not give permission to my child to play video games in the after care program

We will be using a PS3 system. Students are allowed to bring their own games and controllers. Keep in mind, Clark's Self Defense is not responsible for lost, damaged or stolen items. All games must be appropriate for all ages and will need to be approved by the After Care Coordinator prior to use.

I understand that I am responsible for any damage to the equipment caused by my child and agree to replace the damaged item or pay the amount equivalent to the cost of replacement of the damaged item.

Parent/Guardian Name \_\_\_\_\_

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