



Emerald City Karate After School Program Registration 2023-2024

Registration Procedures

1. Please read our after-school program information on our website carefully before you register as it contains important information, policies, and procedures related to our program.
2. Fill out the registration form.
3. Submit the registration form to Emerald City Karate by attaching the form with an email, mail, or drop it off at Emerald City Karate.

Child's Name: _____
(First) (Last) (Nickname)

Date of birth: ____/____/____ Age: ____ Grade: ____ Pronoun: ____

Name of School: _____

Home Address: _____ City: _____ Zip code: _____

Parent/Guardian Name (First & Last): _____ Relationship: _____

Cell phone: _____ Email: _____

2nd Parent/Guardian Name (First & Last): _____ Relationship: _____

Cell phone: _____ Email: _____

Does your student have any special physical, behavioral, learning and/or other needs our staff should be aware of?

If so, please describe details: _____

EMERGENCY CONTACTS

The Parent/Guardian named above will be contacted first in case of emergency (after 911). Please list additional parents, guardians, and others you would like to contact if we cannot reach you.

Name	Relationship	Primary Phone	Cell Phone
Name	Relationship	Primary Phone	Cell Phone
Name	Relationship	Primary Phone	Cell Phone

PICK UP AUTHORIZATION AND INFORMATION

Please list all individuals who are authorized to pick up your child (other than parents/guardians listed above).

Name	Relationship
Name	Relationship
Name	Relationship

Choose Your After-School Program Class Schedule:

- ☐ **2 Days a Week:** (*Most Popular*) Please circle **TWO** days below
Mondays | Tuesdays | Wednesdays | Thursdays
- ☐ **3 Days a Week:** Please circle **THREE** days below
Mondays | Tuesdays | Wednesdays | Thursdays
- ☐ **4 Days a Week:**

Payment Options for classes:

Payments will be charged monthly according to the number of training weeks each month. You can choose ETF or Credit Card for the payment.

☐ ETF | Bank Name: _____

Please supply us with a Voided Check for payments paid from your bank's checking account.

☐ Visa ☐ MasterCard Card # _____ Exp. Date _____ / _____

Verification Code _____ Name on the Card _____

- I accept the non-refundable reservation fee of \$50 to be charged on my card upon registering.
- I accept full responsibility for payments of program tuition each month. Monthly payments are charged during the 1st week of the month.
- I consent to ECK keeping my signature on file to initiate debit or credit card transactions of tuition on an ongoing basis in the amount due for monthly payments and fees.
- I accept a \$25 fee for any rejected payment from your financial institution and any late or no-show fees per our policies.
- I hereby authorize recurring monthly charges to my debit or credit card, checking or savings account for monthly payments or fees incurred. A receipt for each payment will be emailed. I agree that no reminders or prior notification will be given unless the date or payment amounts change. I agree that a late pick-up fee (\$25 per 10 minutes late) and no-notice absence fee (\$25 per occurrence) will be charged at the time of incidence.
- I accept that payments will continue until I notify ECK otherwise in writing and understand and agree to the cancellation policy.

Print Name

X _____

Signature

X _____

Please Select the Correct Uniform Size for your Child:

All karate students in our After-School Program are required to have a correctly sized uniform, training gloves, and a dojo bag to carry their equipment in. These can be purchased separately or at the discounted price of \$64.99 in our 'Equipment Package' below.

Karate Uniform Size Chart:

- ☐ Size 000 (3 ft. – 3' 5")
- ☐ Size 00 (3' 5" ft. – 3' 10")
- ☐ Size 0 (3' 10" ft. – 4' 3")
- ☐ Size 1 (4' 3" ft. – 4' 8")
- ☐ Size 2 (4' 8" ft. – 5' 1")
- ☐ Size 3 (5' 1" ft. – 5' 6")

☐ **Karate Uniform** \$29.99

☐ **Training Gloves** \$29.99

☐ **Dojo Equipment Bag** \$19.99

☐ **New Student Equipment Package** \$64.99
Including Uniform, Training Gloves, & Dojo Bag

☐ **I have a karate uniform & a karate belt.**

☐ **I have a pair of gloves.**

*Note: Initial below to acknowledge that you have read and agreed to each item. In order for a child to attend our program, each item **MUST be initialed** by a parent/guardian.*

General authorizations: I confirm the authorizations and consent to the details within this document, including, but not limited to medical treatment, field trips, activity participation, photos of child and emergency contacts.

Parent/guardian initials _____

Authorization of treatment: I give permission for Emerald City Karate staff to provide any medical assistance they deem appropriate for my child, named below. I also give permission for any emergency personnel to treat my child in the event of an emergency and understand that I will be responsible for all medical expenses that may be incurred as a result.

Parent/guardian initials _____

Media release: I understand that photos, videos and audio recordings of my child may be taken during after school programs. I hereby authorize Emerald City Karate and its personnel to take, use and publish photographs, video and audio records of my child for education, public relations, marketing and purposes related to Emerald City Karate.

Parent/guardian initials _____

General release: I acknowledge that there are natural hazards associated with after school programs and related activities in both indoor and outdoor settings. I hereby affirm that my child is in good health and physically capable of performing the required activities of class. In consideration of Emerald City Karate accepting my child into a program, I hereby assume all risks associated with my child's attendance and participation. I will indemnify, hold harmless and release Emerald City Karate, their employees, volunteers, interns and agents from all liability, actions, causes of action,

debts, claims, demands or other liability of every kind and nature whatsoever which may arise from or in connection with my child's participating in any activities sponsored through Emerald City Karate, including, and without limitation, any damages or injuries which may be sustained while my child is in class. I understand and agree that this release is intended to be as broad and inclusive as is permitted by the laws of the State of Washington, and that if any portion of it is held to be invalid, I agree that the remaining terms shall continue to be in full legal force and effect.

Parent/guardian initials _____

Transportation Authorization

I hereby authorize Emerald City Karate, to transport my child to and from school, to medical facilities, including urgent care and hospital facilities, and any other places visited from time to time as deemed reasonable by Emerald City Karate.

Parent/guardian initials _____

ASP Policies: I have read Emerald City Karate's After School Program Information outlining all program policies and procedures on the Emerald City Karate website, understand, and will comply with all program policies and procedures. I understand that should my child violate any policy or procedure, or act in a manner that is unsafe for my child, other participants or staff, my child may be excluded from the program. Accordingly, I have told my child to obey all directions of staff, to comply with all safety instructions and to refrain from unsafe practices. If my child has to be removed from the program, I will *not* be entitled to a refund.

Parent/guardian initials _____

I HAVE READ THE AGREEMENT CAREFULLY AND HAVE FULLY UNDERSTOOD THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

Student's full name(print): _____

Parent/guardian's full name (print): _____ Relationship to minor: _____

Signature of parent/guardian: _____ **Date:** _____