

Charm City Karate After School Program

50 Scott Adam Rd, Suite 103
Cockeysville, Maryland 21030
(410) 628-4994

Student's Name: _____

Section I

Terms and Conditions

I, as the Buyer, enter into this Agreement with Charm City Karate (hereinafter referred to as "the Studio"), and do hereby agree, on behalf of myself, my children, and all persons who become entitled to use the facilities of the Studio by virtue of my membership as follows:

RULES AND REGULATIONS: I and my child(ren) agree to abide by the rules and regulations governing the conduct and operation of the facilities. We understand that the Studio has the right to alter or amend any and all rules and regulations, including those set forth in this Membership Agreement, and we agree to abide by all such amended rules and regulations. We acknowledge that we have been provided with a copy of all current rules and regulations.

We understand that our membership and the right to use the Studio's facilities and programs may be suspended at any time, with or without cause.

ADDITIONAL COSTS: We understand and agree that there will be special events held at the Studio, including but not limited to belt tests, tournaments, camps, parent's night out, sleep-overs, etc., and these events all incur additional fees beyond the amount set forth in this Agreement. We also understand and agree that the cost of uniforms, equipment and supplies are not included in the cost set forth above, and must be purchased separately.

STUDIO CLOSINGS & INCLEMENT WEATHER: I understand that the Studio will follow the schedule of Baltimore County Public Schools (BCPS) for closings unless otherwise specified. The Studio will be closed for all major holidays. When schools are closed for education days we will have a day camp for a fee of \$30.00 per day. If BCPS are in session for half a day, the Studio will pick up at no extra cost. I understand these dates are subject to change. I also understand that the Studio will follow Baltimore County Public Schools for inclement weather (i.e. if BCPS are closed the Studio will be closed.) If BCPS close early due to inclement weather, the Studio will be closed. I understand this is for the safety of my child(ren). You will be given a schedule of all the dates we are open and closed. I have read the attached "Advance Notice of Studio Closings". _____ (initial)

ABSENCES: I understand that expenses continue whether or not my child is present and that there are no deductions in tuition for absences. I promise to notify the Studio if my child(ren) is ill and will not be attending. *I understand that I must notify the Studio if my child(ren) did not go to their academic school or was picked up early.* I recognize that this information is required for the transportation vehicle attendance record.

PHOTOGRAPHS: We hereby authorize the Studio and its agents, successors and assignees to photograph and/or video tape me or my child(ren) and/or our voice without restriction and to utilize such photographs/videos and/or voice transcriptions for any commercial purpose, including but not limited to the promotion and marketing of the Studio, and we agree that we shall not be entitled to receive any compensation whatsoever of any kind as a result of such use.

I UNDERSTAND MY RIGHTS AS STATED ABOVE

Parent's Signature: _____ Date: _____

Parent and Child Identification Record

Child's Full legal name _____ D.O.B. _____
Child's Preferred name _____ Sex _____
Address _____ City _____ Zip _____
Email Address: _____

Name of Legal Custodian: _____ Relationship: _____
Address: _____ Telephone: _____

Mother's Name: _____ Telephone: _____
Home Address: _____ Zip: _____
Place of Employment _____ Telephone: _____
Address _____ Zip: _____

Father's Name: _____ Telephone: _____
Home Address: _____ Zip: _____
Place of Employment _____ Telephone: _____
Address _____ Zip: _____

Children will only be released to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian. The following people are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial or legal guardian cannot be reached:

Name: _____ Telephone: _____
Address: _____
Street Address City State Zip

Name: _____ Telephone: _____
Address: _____
Street Address City State Zip

Child's Physician/Health Care Provider: _____
Telephone: _____ Address: _____
Has the child had: Surgery _____ Serious Illness/Accident _____ Burns _____
Allergies _____ Seizures _____ Other _____

List all identifying marks on the child: _____
Child's special needs: _____
Child's habits or fears: _____

I give permission to consult the child's physician/health care provider listed above or seek emergency medical attention in case of emergency if I/we cannot be reached.

Signature of Custodial Parent or Guardian Date

Child's Health and Development Questionnaire

Date: _____

Child's Full legal name: _____

Date of Birth: _____ Race: _____ Sex: _____

Name of Parent or Guardian completing form: _____

Please answer all questions on this form. We feel this information will help us to be more effective in working with your child.

Has your child had any of the following:

_____ Chicken Pox

_____ Mumps

_____ Measles

_____ Strep Throat

_____ 3 day

_____ Hepatitis

_____ 10 day

_____ Major Surgery

_____ Scarlet Fever

please describe _____

_____ Rheumatic Fever

Is your child taking over-the-counter or prescribed medications regularly? _____ yes _____ no

If yes, what medications? _____

Does your child take vitamins regularly? _____ yes _____ no

Does your child have any known food, drug, or environmental allergies? _____ yes _____ no

If yes, what are they? _____

What types of reactions do they have? _____

Has your child ever been suspected of or diagnosed with seizures? _____ yes _____ no

What is your child's favorite activity? _____

Does your child have or exhibit?

_____ temper tantrums

_____ nail biting

_____ hair twisting

_____ complain of feeling ill often

If you could describe your child in one word what would it be? _____

Please list your child's strong points: _____

Is there anything else you would like to tell us about your child? _____

Release for Emergency Care

I hereby give my consent to any emergency facility and/or physician to administer necessary treatment to my child, _____, in the event of an emergency at which time I cannot be reached.

I give consent to be transported by ambulance if the situation warrants it.

Signature of Custodial Parent/Guardian

Date

Physician/Health Care Provider

Telephone Number: _____

Allergies: _____

Date of Last DPT or Tetanus: _____

Insurance company covering the child: _____

Policy Number _____ Group Number _____

Signature of Custodial Parent/Guardian Date

Phone Number (H) _____

Phone Number (W) _____

Phone Number (Cell) _____

Emergency Contact Person: _____

Phone Number: _____

Alternate Phone Number: _____

Permission to Ride Form

Students School Name: _____

Students Grade _____

I/We hereby grant permission for _____
to ride to the after school program located at: Charm City Karate 50 Scott Adam Rd in Cockeysville,
Maryland 21030 (410) 628-4994.

Students will be traveling in the following manner:

Studio Owned Van or BCPS Bus

Date: _____

Name of Parent _____

Signature of Parent: _____ *(Print)*

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Alternate Contact Person: _____ *(Print)*

Phone Number: _____