

**American School of Karate & Judo, LLC ("ASKJ")
After School Program Registration Form (2014 ~ 2015)**

Student Information

Student Name(s):

First _____ MI: _____ Last _____ Gender: _____

School Name: _____ DOB: _____ Grade: _____

First _____ MI: _____ Last _____ Gender: _____

School Name: _____ DOB: _____ Grade: _____

First _____ MI: _____ Last _____ Gender: _____

School Name: _____ DOB: _____ Grade: _____

Any allergies, medications, special conditions, or physical limitations: _____

List Any Special Instructions Related to Above: _____

Parent/Guardian Information

Parent/Guardian Name(s):

First _____ MI: _____ Last _____

First _____ MI: _____ Last _____

Address: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Email Address: _____

Emergency Contact Info:

First: _____ Last: _____ Relationship: _____

Emergency Contact Phone #: _____ Alternate Phone #: _____

First: _____ Last: _____ Relationship: _____

Emergency Contact Phone #: _____ Alternate Phone #: _____

Additional Student Information

Please check each area that you feel is particularly important for your child: (Check all that apply)

<input type="checkbox"/> Confidence	<input type="checkbox"/> Focus and Concentration	<input type="checkbox"/> Self-Defense	<input type="checkbox"/> Better Grades
<input type="checkbox"/> Paying Attention	<input type="checkbox"/> Respect Towards Parents or Teachers	<input type="checkbox"/> Stress Reduction	<input type="checkbox"/> Leadership Skills
<input type="checkbox"/> Self-Esteem	<input type="checkbox"/> Handling Bullies	<input type="checkbox"/> Behavior	<input type="checkbox"/> Fun
<input type="checkbox"/> Self-Discipline	<input type="checkbox"/> Fitness or Weight Loss		

Of the boxes you checked above, which is the ONE area that stands out as most important to you right now?

Does your child have any special challenges or other limitations that we should be aware of? Yes: __ No: __

If Yes, please describe in detail: _____

Schedule:

Start Date (your child's 1st day of school): __ / __ /2014

End Date (your child's last day of school): __ / __ /2015

Place a check by the days that your child will be attending the Program:

- Mon. Tues. Wed. Thurs. Fri.

Please list all dates, if any, that you know your child/children will not be attending the Program due to vacations or other previously scheduled events:

By signing this Registration Form I understand that I am agreeing to all policies and procedures for ASKJ programs. These policies and procedures are attached to this Registration Form.

Parent's/Guardian's Signature: _____ **Date:** _____

ASKJ Representative Signature: _____ **Date:** _____

ASKJ After School Program Policies & Agreements

Tuition:

Tuition for attendance (1-5 days/week) at the ASKJ After School Program ("Program") is \$75.00 per week for the first child in a family and \$60 per week for any additional children in the same family. The first payment will be due on the first day of the Program, with payments due every second Monday thereafter. There will be a \$25.00 late fee if payment is not made on the due date and an additional \$5.00 per day until paid in full. All returned checks will incur a \$25.00 processing fee and a \$2.00 per day late charge from the date tuition was due until tuition is paid in full. ASKJ shall not pick-up your child from the school unless tuition is paid in full. Testing fees, equipment, and special events are not included in the weekly tuition.

Parent/Guardian Initials _____

Testing:

ASKJ holds a testing approximately every 8 weeks, at which time students who have mastered the required curriculum and have the appropriate time in rank may test for a promotion in their belt rank. Testings will take place on the following dates:

- 9/20/13 11/15/13 (The testing dates for 2015 have not yet been determined)

The week prior to a scheduled Testing, students who are ready to test will receive a black stripe on their belts to signify that they have permission to test.

Parent/Guardian Initials _____

Snacks:

ASKJ will provide snacks and a drink each day. If your child brings his or her own snack, he or she must ask permission from the instructor before he or she can eat, and the snack cannot contain any nut products due to other children with food allergies.

Parent/Guardian Initials _____

Pick-Up:

Parents/Guardians must pick-up their children at or before 6:00 p.m. each day. Our staff will not leave children unattended; therefore, we must charge a late fee of \$5.00 for the first 15 minutes of tardiness and \$1.00 per minute thereafter. Please inform an ASKJ instructor that you are picking up your child when you arrive. If someone other than a parent or guardian is picking up your child, please inform ASKJ by telephone prior to pick-up.

Parent/Guardian Initials _____

Full Day Classes:

Parents/Guardians of Full Time students may drop their children off at ASKJ between 8:00am and 9:00am on weekdays when their school is not in session, except when ASKJ is closed. Full day classes will not include breakfast and all children must bring a sack lunch or money which can be used to purchase lunch at a nearby restaurant. However, an afternoon snack and drink will be provided by ASKJ. Parents/Guardians must pick-up their children at or before 6:00 p.m. as discussed above. ASKJ will be closed on the following days, and thus, full day classes will not be offered:

- Monday, Sept. 1, 2014 • Thursday & Friday, Nov. 27-28, 2014 • Wednesday & Thursday, Dec. 24-25, 2014
- Thursday, Jan. 1, 2015 • Monday, May 25, 2015

Parent/Guardian Initials _____

Winter & Spring Break:

Whether ASKJ will offer full day classes during Winter Break and Spring Break depends on the number of students interested in attending. If full day classes are offered during Winter Break and Spring Break, the tuition will be \$30 per day per child.

Parent/Guardian Initials _____

Schedule Changes/Discontinuance of Program:

If you need to change the days of your child's schedule, or if your child will not be attending the Program for a period of time, you must provide ASKJ with at least seven (7) days advance notice in writing. If for any reason whatsoever, ASKJ has to make a second trip to pick-up your child from his or her school, there will be a \$15.00 fee for that trip. If your child will not be attending the Program on a scheduled day, please call and notify ASKJ by 1:30pm. If ASKJ is not notified, there will be a \$10.00 no call, no show charge added to your account. You shall give ASKJ two (2) weeks notice in writing if you choose to discontinue the Program.

Parent/Guardian Initials_____

Snow Days:

The ASKJ After School Program will be closed on all snow days. Thus, if your child's school is closed for a full or partial day due to winter weather, there will be no After School Program on that day and parents/guardians will be responsible for picking their kids up from school.

Parent/Guardian Initials_____

Parent/Guardian Signature:_____ **Date:**_____

ASKJ After School Program
Sick Policy

1. Please call us by 1:30pm if your child/children will not attend the ASKJ After School Program (“Program”) for any reason, including illness. Daily attendance is taken and we DO need to know if your child/children will not be in attendance.
2. If your child becomes sick while in attendance at the Program, ASKJ will notify you and you are required to pick your child up from the Program immediately.
3. Children running a fever of 100° or greater shall not attend the Program while their symptoms are present or for at least 24 hours after the fever has broken.
4. Children with recurrent vomiting or diarrhea shall not attend the Program while the symptoms are present or for at least 24 hours after vomiting or diarrhea has stopped.
5. If your child has a communicable disease/illness, you are required to notify ASKJ so that the parents of their other children may be notified.
6. Children who have had a communicable disease/illness may not return to the Program until they have a doctor’s note stating that they are no longer contagious.

I have read and understand ASKJ Sick Policy.

Parent/Guardian Signature: _____ **Date:** _____

ASKJ After School Program
Behavioral Agreement

Our goal is to make every day at the ASKJ After School Program (“Program”) a wonderful memory for your child/children. The ASKJ staff works hard to create an environment that will allow this to happen. Along with our efforts, we need all children to help us maintain that environment by following some simple, but effective, rules. Below is our “Behavioral Agreement”. Please read it over with your child/children and help them understand the importance of the rules and why they must agree to them. This will help us aid your child/children in having a wonderful experience in the Program.

Our basic rules are:

1. Safety First,
2. Respect People,
3. Respect Property.

Each child participating in the Program must make the following pledge:

- I will listen to the staff and follow their instructions;
- I will respect other people’s property, including ASKJ property, by not touching or using other people’s property without permission;
- I will respect other people’s personal space by keeping my hands to myself;
- I will not hit or fight other people;
- I will use appropriate language, which does not include swear words or negative remarks; and
- I will respect other people’s feelings by having a positive attitude when talking to them and not talking down to others.

We explain these rules to all children on the first day of the Program the and throughout the school year.

Not abiding by these rules can result in suspension from the Program. All incidents will be handled on a 3 incident system, **except hitting/fighting**. Hitting/fighting will be an immediate 1-day suspension from the Program. All other incidents will be handled as follows:

- 1st Incident: **VERBAL WARNING**
- 2nd Incident: **WRITTEN WARNING/PARENT MEETING**
- 3rd Incident: **1-DAY SUSPENSION**

Repeated behavioral problems may, at the absolute discretion of ASKJ personnel, result in permanent expulsion from the Program.

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

AMERICAN SCHOOL OF KARATE & JUDO, LLC
2949 N. 204th Street, Elkhorn, Nebraska 68022

LIABILITY RELEASE AND WAIVER FORM

Minor's Name(s) _____ Name of Parent or Legal Guardian _____
Address _____ Daytime Phone Number (____) _____
City, State, Zip _____ Evening Phone Number (____) _____

Participation Authorization & Liability Release: I, _____, as parent or legal guardian of _____, a minor or minors (hereinafter, whether one or more, referred to collectively as "Minor"), hereby grant the permission necessary to allow Minor to utilize the equipment and participate in the martial arts instruction courses, fitness activities, including Cage Fitness™, and other activities (use of such equipment and participation in such courses/activities being referred to collectively herein as the "ASKJ Services") provided by American School of Karate & Judo LLC, a Nebraska limited liability company ("ASKJ"). In consideration of ASKJ allowing Minor to participate in the ASKJ Services, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless ASKJ and its members, managers, officers, representatives, agents, landlord, volunteers, and employees and each of its and their respective successors, assigns, heirs and beneficiaries (hereinafter collectively the "Released Parties") from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with Minor's participation in the ASKJ Services, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that Minor may incur or sustain while participating in the ASKJ Services. I further expressly agree to indemnify and hold harmless the Released Parties against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the ASKJ Services. I further agree to reimburse and to make good to the Released Parties any loss, or costs the Released Parties may have to pay as a result of any such action, claim, or demand.

Appearance Agreement: I understand that ASKJ, from time to time, produces promotional material relating to its business. I understand that as a participant and/or a spectator at ASKJ that Minor may be included in videotapes or photographs taken at ASKJ. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to ASKJ, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape Minor and to utilize such videotapes and photographs and Minor's name, face, likeness, voice and appearance in advertising and promoting ASKJ. I further understand that neither ASKJ nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

Transportation Release: I, in my own behalf and on behalf of Minor, hereby authorize ASKJ to transport Minor from school to ASKJ, to medical facilities, including urgent care and hospital facilities, and any other places visited from time to time. I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless the Released Parties from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the transportation of Minor, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that Minor may incur or sustain arising out of or in connection with the transportation of Minor. I further expressly agree to indemnify and hold harmless the Released Parties against loss from any further claims, demands, or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way arising out of or in connection with the transportation of Minor. I further agree to reimburse and to make good to the Released Parties any loss, or costs the Released Parties may have to pay as a result of any such action, claim, or demand.

Medical Release: I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to the possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the ASKJ Services. In the event of such illness or injury, I authorize ASKJ to obtain necessary medical treatment for Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless the Released Parties in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain while participating in the ASKJ Services.

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall be responsible for bringing with him/her to ASKJ any medications which Minor is currently taking and which Minor is required to take prior to, during or after participating in the ASKJ Services and that he/she shall consume the prescribed dosage for such medications.

Medications (if any): _____
Allergic to (if any): _____

I acknowledge that the Minor suffers from the following conditions: _____

If any provision of this Liability Release and Waiver Form is determined by any court to be invalid, then such invalidity shall not affect any other provision of this Liability Release and Waiver Form to which effect reasonably can be given without such invalid provision; and for such purpose the provisions of this Liability Release and Waiver Form shall be severable from one another.

I, in my own behalf and on behalf of Minor, am aware that this Liability Release and Waiver Form releases the Released Parties from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: x _____ **Date:** _____
Relationship to Minor(s): _____ Minor Birthdate(s): _____

**PLEASE MAIL THIS SIGNED REGISTRATION PACKET TO ASKJ AT:
P.O. BOX 312, ELKHORN, NE 68022
(NOTE: ASKJ'S MAILING ADDRESS IS DIFFERENT THAN ITS PHYSICAL ADDRESS)**