

ALAMEDA MARTIAL ARTS STUDENT REGISTRATION FORM--PAGE 1

Student's Full Name:		
Email Address:		Date of Birth:
Parent's Names:		
Primary Address:		City, Zip:
Phone No.:	Mobile:	Emergency #1:
Other Address if applies:		City, Zip:
Does the student have any physical limitations we should be aware of? If yes, please note:		
Name & Phone for Physician:		Health Insurance Carrier:

Consent for Medical Treatment		
<p>I, the undersigned parent or legal guardian of a minor, do hereby authorize a representative of Kuk Sool Won of Alameda or KSWA as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any medial staff of an accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.</p> <p>It is understood that this authorization/reauthorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above mentioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care that the above mentioned physician in the exercise of his/her office or best judgment may deem advisable. The authorization shall remain effective unless revoked in writing and delivered to the above-mentioned agent(s). I understand that Kuk Sool Won of Alameda or KSWA does not assume any responsibility for payment to the physician in any case. However, in an emergency, the school may choose a physician.</p> <p>I have read the above Consent of Emergency Treatment and do hereby authorize/reauthorize my signature.</p>		
Printed Name:	Signature:	Date:

Photography Waiver:	(To be executed by parent or guardian if under 18)
KSW posts photos & film of our students on our website. Is it okay with you if your child is featured on occasion? No names or personal information will be shared.	Agree with initials here:

ALAMEDA MARTIAL ARTS STUDENT REGISTRATION FORM--PAGE2

School Policies	Yes, I have read and agree to abide by these policies (initial):
1. Student will be dropped off no sooner than 15 minutes before class begins, and picked up no later than 15 minutes following the finish of class.	
2. Students will arrive ready to engage in physical activity and will be reasonably free from respiratory or communicable illnesses.	
3. Parents will refrain from sideline coaching or administering first aid to other children (unless professionally accredited to do so).	
4. Parents understand that if a child is uncooperative or poses a threat to other students, he/she may be asked to sit out of activities.	
5. Parents understand that given the nature of this activity, they should always be close by and available by cell phone in event of emergency. Because SBN Lee is usually the sole instructor, he cannot leave the premises if a child is injured.	
6. Parent should periodically review attendance card to update emergency contact information.	
7. The school offers a website and email correspondences to keep parents abreast of current information. You can help by making sure we always have your current email address.	
8. Fees are subject to change. Generally, there is a \$5.00 fee increase each June.	
9. Questions, concerns, and high praise may be addressed to mariayalders@mac.com	

Black Belt Program Financial Agreement (To be executed by parent or guardian if under 18):	
Monthly fee is due each month (or at time of service as directed for extra classes). Returned Payments are subject to a processing fee.	Agree with initials here:
Each participant is limited to 3 classes per week. However, additional makeup classes are allowed in the same month.	Agree with initials here:
I understand that this is designed to be an annual program. If I wish to discontinue classes, put my account on hold, or need to change my account information, I must give 30 days advance notice by returning a "Change of Payment" form. There is a fee for reactivating your account.	Agree with initials here:
I understand that I may not "split" months.	Agree with initials here:
I understand that to be eligible for Black Belt a student must attend regular classes for a minimum of 3.5 years, and 100 classes between 1st & final black belt test. There is a four test minimum. There is an additional fee payable to AMA to begin testing.	

PLEASE CONTINUE TO NEXT PAGE...

ALAMEDA MARTIAL ARTS STUDENT REGISTRATION FORM--PAGE3

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT In consideration of being permitted to participate in any way in the Martial Arts Program indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent (s) and/or legal Guardians of the minor participant or participant name below agree:

1. The participant should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if at any time, I feel anything to be UNSAFE; I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.

Or, The parent(s) and/or legal guardians of participant will instruct the minor participant that prior to participating in the below martial arts activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if at any time, I feel anything to be UNSAFE; I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.

2. I/We fully understand and acknowledge that:

- a. There are risks and dangers associated with participation in martial arts events and activities which could result in bodily injury partial and/or total disability, paralysis and death.
- b. The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
- c. These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of other, including, but not limited to, the Releasees named below.
- d. There may be other risks not known to us or are not reasonably foreseeable at this time.

3. I/We accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.

4. I/We HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the martial arts facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the martial arts event or program, premises and event inspector, underwriters, consultants and others who give recommendations, directions or instructions to engage in risk evaluation or loss control activities regarding the martial arts facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purpose herein referred to as "Releasee"...From all liability to the undersigned, my/our personal representatives, assigns, executor, heirs and next of kin for any and all claims, demands, losses or damages and any claims or demands therefore on account of any injury, including but not limited to the death of the participant or damage to property, arising out of or relating to the events(s) caused alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

5. I/We HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.

6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

7. On behalf of the participant and individually, the undersigned partners(s) and/or legal guardians for the minor participant executes this Waiver and Release. If, despite the release, the participant makes a claim against any of the Releasees, the parents(s) and/or legal guardians will reimburse the Releasee for any money which they have paid to the participant, on on his behalf and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

MARTIAL ARTS SCHOOL: KUK SOOL OF ALAMEDA/ALAMEDA MARTIAL ARTS

Printed Name of Participant:_____

Participants Signature:_____ Date:_____

Parent or Guardian Signature: (if minor):_____ Date:_____

Parent or Guardian Signature: (if minor):_____ Date:_____

ALAMEDA MARTIAL ARTS STUDENT REGISTRATION FORM--PAGE4

Registration Fee: \$135.00 includes basic uniform and private introductory class.

Monthly Fee: \$114.00 withdrawn from ACH debit or Credit Card

Below is a chart listing your approximate costs to train to the level of Black Belt. Fees may change without notice.

level	item	cost
white belt	test & formal jacket	\$90.00
yellow belt	sparring gear, test fee	\$130.00, \$40.00
blue belt	private lessons, test fee	\$60.00 as needed, \$40.00
red belt	tournament participation, test	\$80.00 (not mandatory), \$40.00
brown belt	staff, test fee	\$40.00, \$40.00
black brown belt	black belt test fee	\$500.00 at start of testing

I authorize Alameda Martial Arts to charge the account below for my monthly fee. Charges are generally grouped by the 1st or the 15th of the month, depending on date of enrollment.

I understand that AMA will withdraw funds directly and that if I wish to discontinue classes or put my account on hold, I must give a 30 day advance notice. If I wish to restart my account there will be a fee. All other fees will be withdrawn only after express consent of client.

Please choose ONE of the following Payment Methods.

Option 1: debit my ACH (checking or savings) & attach a voided check.

Name on Account: _____ Date: _____

Routing Number: _____ Account Number: _____

or

Option 2: charge my Credit Card (Visa, MC, sorry, no Am Ex or Disc)

Name on Account: _____

CC Number: _____

Exp Date: _____

Signature: _____ Dated: _____

Print Name: _____

office use only: WKSA fee ___ KSWA fee ___ QB ___ SPS ___ Uniform ___ DB ___ Card ___ iCal ___ Address Bk ___ Waiver ___ Lessons ___