Kickin' Kids After School Program
Membership Agreement
American Kenpo Karate Studio
220 Business Center Drive
Reisterstown, Maryland 21136
(410) 833-6090

Student's Name: _____

Section I

Terms and Conditions

I, as the Buyer, enter into this Agreement with American Kenpo Karate Studio (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:

WAIVER AND RELEASE: I and my child(ren) fully recognize the risks of injury and/or illness inherent in participation in any fitness or martial arts program, and we represent to the Studio that we have taken all reasonable steps to determine, and hereby warrant, that we are in good health and physically capable of participating in the programs and courses of instruction offered by the Studio. We acknowledge that the Studio shall make no, and shall have no responsibility to make an independent evaluation of our physical health or fitness. We understand and agree that all participation in any such fitness program or use of the Studio's facilities or equipment on or off the premises of the Studio shall be at our own risk.

I understand and agree that the Studio will not be held liable for injuries, damages, etc., not caused by or resulting from negligence of the owners, operators, employees or persons in charge of such establishment out of or in connection with our participation in any program or course of instruction either on or off the premises of the Studio. We understand and agree that the Studio shall not be responsible for the conduct of other users of the Studio or its facilities or equipment., or participants in the Studio's off-premises programs, or for any injury or damage to property resulting from such conduct and we shall bring any action proceeding against the Studio for any payment compensation or claim for any injury or loss of property caused by any such user.

LOSS/DAMAGE/THEFT OF PROPERTY: We understand and agree that neither the Studio, nor its officers, directors, agents, instructors or employees shall be responsible for any personal property which is damaged, lost, or stolen in or around the Studio or its facilities, or any of the Studio's off-premises events.

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 holidays. When schools are closed for education days we will have a day camp for a fee of $20.00 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 pick up students early. You will be given a schedule of all the dates we are open and closed.

_____ (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 and in order to avoid errors and confusion. _____ (initial)

PHOTOGRAPHS: We hereby authorize the Studio and its agents, successors and assigns 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 us.

PAYMENT: I understand that tuition is arranged to be made in monthly installments and is not affected by my child(rens') training schedule and/or attendance. I further understand that failure to complete my training does not relieve me of my obligation to pay the tuition in full. This agreement shall be effective for the entire 2010-2011 school year. Any early termination request must be received in writing 30 days prior to my next scheduled payment. I understand that choosing to terminate this agreement before its completion will result in an early termination fee of $100.00 which will be added to my final payment.
As required by the General Obligations Law, you have certain rights to cancel this agreement. These are set forth in SECTION II of this agreement and are made a part of this agreement. You may cancel this agreement without any penalty or penalty of further obligation within three (3) days from the date of this agreement. Notice of cancellation shall be in writing and mailed to the Studio by registered or certified mail.

A late charge of twenty-five dollars ($25.00) will be assessed for any payment seven (7) days past due. I understand that any account 30 days past due will be turned over to for collections and any and all fees will be applied. In addition, I understand that the hours of operation of the Studio are from 3:00 p.m. until 6:00 p.m. and there will be a Fifteen dollar ($15.00) late fee applied every fifteen (15) minutes after 6:00 p.m. until my child is picked up. If for any reason payments are returned as un-paid there will be a $25.00 return fee per transaction. As well as payment not received for equipment and/or services (i.e. belt tests, tournaments, camp days) for each after school student will be directly debited from the current banking information on file. If for any reason your account becomes past due, services will then not be rendered and you will still be held to the contract agreement. _____ (initials)

I UNDERSTAND MY RIGHTS AS STATED ABOVE

Parent's Signature: _____ Date: _____

PROGRAM DESCRIPTION:

Starting Date:___/___/___ Ending Date: ___/___/___

At the rate of $_____ per month for _____ days a week to be debited on the 20th of each month for the upcoming month. Payment beginning on ___/___/___ and continuing for _____ consecutive /months.
Students starting mid month will be prorated for that month.
Initial registration fee is $100.00 and includes a Free Sparring Gear set, Head, Hands and Feet gear, mouth piece and case, Kenpo Bag and Uniform.
The registration fee does not apply for returning students who have all their gear.

_____ (initial)

Driver License # _____ State_____
Social Security Number (SSN#)_____

ACH Information

I, the buyer, agree to have funds electronically deducted according to the above schedule from the following account:

I authorize **American Kenpo Karate Studio** to debit _____ from my bank account on the 20th of each month for the upcoming month until the completion of this agreement. To change any billing method we need 15 days notice in writing.
There will be no refunds issued under the terms of this agreement.
Please provide a voided check!

Bank Name _____
Routing # _____
Bank Account # _____
Name on Account _____

Signature: _____ Date:_____

Section II

Consumer's Right to Cancellation

You may cancel this contract without any penalty or further obligation within three (3) days from the date of this agreement and receive full refund on down payment. Notice of this cancellation shall be in writing and mailed to the Studio by certified mail.

If you move your residence more than 25 miles from the Studio facility, cancellation under this sections requires written proof of new permanent address, phone number, name and address of new employer and requires 30-day advance written notice.

Notice of Consumer's Rights

1. Our Studio registration number is E2942.
2. Our Studio is not required to carry a performance bond under regulations since we do not collect more than three months tuition in advance or an initiation fee over $200.00.
3. You have the right to cancel this contract within three (3) business days after receipt of a copy of this contract. Cancellation must be in writing and delivered either in person or by certified or registered mail to the Studio. You are entitled to a full refund if cancellation is received within three (3) business days.
4. If you become disabled for at least three (3) months during the membership terms and that disability is confirmed in writing by a physician, you have the right to an extension and/or termination of the contract.
5. If the Studio is closed for a month or more, you are entitled to your choice of either an extension of the contract or prorated refund, except if the closing is not the fault of the facility, which case the choice remedy is the Studio's.
6. This Notice of Consumer's Rights is an integral part of the Application and Contract for Membership.

_____ (initials)

Parent and Child Identification Record

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

Who has legal custody _____ 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: _____

The 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
_____ Measles
  _____ 3 day
  _____ 10 day
_____ Scarlet Fever
_____ Rheumatic Fever

_____ Mumps
_____ Strep Throat
_____ Hepatitis
_____ Major Surgery
please describe _____
_____

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
_____ hair twisting
_____ nail biting
_____ 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.

_____ _____
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: _____
Name
_____
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: **American Kenpo Karate Studio 220 Business Center Drive Reisterstown, Maryland 21136 (410) 833-6090** on the following days:

____ Monday PM _____ Tuesday PM _____ Wednesday PM _____ Thursday PM _____ Friday PM

____ Monday AM _____ Tuesday AM _____ Wednesday AM _____ Thursday AM _____ Friday AM

Students will be traveling in the following manner:

Studio Owned Van or Bus

Date:_____

Name of Parent _____
(print)
Signature of Parent: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Alternate Contact Person: _____
(print)
Phone Number: _____

American Kenpo Karate Studio Program Prices

Kids/Teens and Adults Evening Karate

3 Classes introductory lesson with a FREE Uniform for age 6 and older. (Evening Karate)	$14.95
Registration fee Comes with complete Sparring gear set with Kenpo Bag. Free!	$100.00
Evening Karate Classes for age 6 and up, unlimited classes	$95.00 per month
Test Fee	$20.00

Lil Dragons age 4&5

1 Free Introductory Class	
1 time registration fee comes with a Lil Dragon uniform	$35.00
Lil Dragons Program ages 4&5 twice per week	$70.00 per month
Test Fee	$10.00

After School Program

Registration fee Comes with complete Sparring gear set with Bag and Uniform. Free!	$100.00
2 Day week	$200.00 per month
3 Days week	$240.00 per month
4 Days week	$275.00 per month
5 Days week	$290.00 per month
Camp Days when Schools closed	$20.00 per day
Before School Drop off	$80.00 per month or $10.00 per day

Summer Camps

Registration Fees (pays for admissions tickets for field trips)	2 weeks $30.00 Per child 3-4 weeks $60.00 5-6 weeks $90.00 7-8 weeks $120.00 9-10 weeks $150.00
Camp fee per week	$185.00 per week 10% discount for siblings.

Discounts10 % discount for each additional family member on all programs **except** Lil Dragons.

(Prices may change without notice.)