



2016-17 After School Taekwondo Registration Form

UMSMartialArts@gmail.com • 6349-C Columbia Pike • Falls Church, VA 22041 • 703-914-1110

Student Information

1. Student Name: _____	DOB: _____	Age: _____	Gender: <u>M / F</u>
<small>LAST</small> _____	<small>FIRST</small> _____		
School: _____	Phone: _____	Grade: _____	Teacher: _____
2. Student Name: _____	DOB: _____	Age: _____	Gender: <u>M / F</u>
<small>LAST</small> _____	<small>FIRST</small> _____		
School: _____	Phone: _____	Grade: _____	Teacher: _____
Guardian's Name: _____	Email: _____		
<small>LAST</small> _____	<small>FIRST</small> _____		
Address: _____			
<small>STREET</small> _____	<small>APT#</small> _____	<small>CITY</small> _____	<small>STATE</small> _____ <small>ZIP</small> _____
Home Phone: _____	Work: _____	Cell: _____	
Emergency Contact Name: _____			
<small>LAST</small> _____	<small>FIRST</small> _____	<small>RELATION</small> _____	
Home Phone: _____	Work: _____	Cell: _____	

Program Information

1. Please circle the day(s) the student(s) will regularly attend: <u>MON.</u> <u>TUE.</u> <u>WED.</u> <u>THU.</u> <u>FRI.</u>	
2. What are the main benefits you want the student(s) to gain? _____	
3. Please circle the preferred form of weekly payment: <u>Auto Deduct</u> <u>Cash</u> <u>Check</u> <u>Credit Card:(Master / Visa)</u>	
4. REQUIREMENT: Credit Card information for Late Fees/Auto Deduct: _____ - _____ - _____ Exp: ____ / ____	
(The payment is made by Friday before the program begins each week. If the payment incomplete on due date, UMS Martial Arts will deduct the amount from the credit card listed above to complete the payment without late fee.)	
Weekly Tuition Rates: _____ / _____ / _____ <small>3 - 5 days 2 days 1 day</small>	First Day of Pick Up: ____ / ____ / ____
Registration Paid: ____ / ____ / ____ \$ / CC / # _____	First Week Paid: ____ / ____ / ____ \$ / CC / # _____
NOTE: _____ _____	

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

By signing above, I acknowledge and understand that I have read, understand, and agree to abide by the Terms and Conditions of this agreement.

Printed Name of Guardian: _____ **Registrar's Initials** _____



UMS Martial Arts After School Waivers & Agreements

All waivers & agreements MUST be signed in order for this application to be processed.
No changes to the waivers & agreements will be accepted.

TERMS AND CONDITIONS – PLEASE READ

Payment Policy:

I agree to make payments in advance by Friday for the following week. If I do not make a payment, I understand that UMS will not pick up the student(s) listed above. If I do not give UMS advanced notice that the student(s) does not need to be picked up, I agree to pay for that day.

If payment is not made by Friday before the program begins each week I authorize UMS Martial Arts to deduct the amount from the credit card listed above, and if the payment cannot be deducted I agree to pay the \$10 late fee within five business days. I understand that if payments are not made on time UMS will refer the issue to a collection agency. I agree to pay the \$25.00 service charge to UMS for any checks returned to UMS Martial Arts.

Pick Up Policy 1:

I will notify UMS Martial Arts in the event that the student(s) will not need to be picked up from school or if another person is to pick up the student(s) from UMS Martial Arts. If I or the person designated to pick-up the student(s) from UMS Martial Arts is late picking up the student(s) I agree to pay the late fee associated with the pick-up time by the Friday of the week the charges were incurred: \$10 charged for any time between 6:31-6:45pm and \$5 for every fifteen minute segment thereafter.

Pick Up Policy 2:

Please come to the front desk and let us know you are picking up your child. We will Walkie-Talkie to UMS staff to call your child to the front. Parents are not allowed to enter the after school room without permission. If someone other than the parents or guardian picking up your child, please call the office 703-914-1110 AND send an e-mail to umsmartialarts@gmail.com or send a note.

Permanent Schedule Change:

The weekly tuition will be changed only with your written notice stating that you changed pick up schedule. The notice should be submitted by 7 days before the week change applies. The new tuition will be applied to following week. If you change program (ex. 5 days to 3 days) in the middle of the week, we can change pick up schedule but there will be no Credit for the change.. (i.e. you decide to change from 5 days per week to 3 days from March 17th 2015 Monday. Please notify us with written note or E-mail us umsmartialarts@gmail.com by March 10th 2015 so that we can charge the prorated amount for the week.

Schedule Change:

You can change pick up schedule temporarily. The change of note or E-mail letter should be submitted by Friday for following week. There will be no credit for the change of attendance. There will be no additional fee for the change of schedule as long as you notify UMS Martial Arts by the Friday before the week you want to change schedule. You may have to pay additional tuition with a case of additional attendance caused by change of schedule.

No Call / No Show:

Please notify us by noon in case of emergency that your child will not ride UMS Martial Arts vehicle. You will be responsible for the No call / No show fee of \$10.00 for the failure of notification with timely manner. Please understand that you failure of notification affects pick up procedure.

Additional Costs:

I understand and agree that there will be special events held at the school, including but not limited to belt tests, tournaments, camps, etc., and these events may incur additional fees beyond the amounts set forth in this agreement.

I also understand and agree that the cost of additional uniforms, equipment, etc., is not included and must be purchased separately.

Advertising Policy:

I hereby authorize UMS Martial Arts and its directors and personnel to photograph me and/or the student(s) and/or use our voice and to utilize such photographs, video footage, and/or voice transcriptions for commercial purposes, including but not limited to the promotion and marketing of UMS Martial Arts, and I agree that I nor any party acting on my or the student(s)'s behalf shall not be entitled to receive any compensation whatsoever of any kind as a result of such use.

Personal Property Policy:

I understand and agree that UMS Martial Arts' employees and directors shall not be held responsible for any personal property which is damaged, lost or stolen in or around UMS Martial Arts or its facilities, or at any of UMS Martial Arts' off-premises events and field trips.

Waiver and Release:

I, as the student(s)'s legal guardian, fully recognize that martial arts involves strenuous physical exercise and I am fully aware of the risks of injury and/or illness inherent in participation in any fitness or martial arts program, and I have taken all reasonable steps to determine, and hereby warrant, that the student(s) is(are) in good health and physically capable of participating in the programs and courses of instruction offered by UMS Martial Arts. I understand and agree that all participation in any such fitness program or use of UMS Martial Art's equipment or facilities on or off the premises, including field trips, shall be at our own risk.

I authorize the personnel of UMS Martial Arts to transport the student(s) to and from UMS Martial Arts in any event.

I hereby release, indemnify, and hold harmless UMS Martial Arts and its directors and employees from and against any and all claims, demands, damages, costs and liabilities of any kind or any kind of nature, including attorney's fees and costs, for any injury, harm or fatalities of myself or the student(s), or of any person(s) who become entitled to the use of the facilities of UMS Martial Arts by virtue of this agreement, or any third persons, which arise directly or indirectly out of or in virtue of our presence at UMS Martial Arts for any payment compensation or claim for any harm, fatalities, or injuries sustained by our presence at UMS Martial Arts.

In the case of a medical emergency I authorize UMS Martial Arts to seek medical attention for the student(s) listed above, and I authorize the attending physician to perform any emergency treatment that is deemed necessary.

By signing below, I acknowledge that I have read, understood and agreed to the terms and condition presented above.

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