

After School Enrollment Form

Name _____ Date of Birth ___/___/___ Age _____
Address _____ School Student Attends _____
City/State/Zip _____ School Phone Number _____ - _____ - _____
Teachers Name _____ Home Phone# _____ - _____ - _____
Date Student Started ___/___/___ T-Shirt Size _____ Uniform Size _____
Prior Martial Arts Training _____ Email Address _____

Parent/Guardian Information

Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Work Phone # _____ - _____ - _____	Work Phone # _____ - _____ - _____
Mobile Phone # _____ - _____ - _____	Mobile Phone # _____ - _____ - _____

Emergency Contact If Parents or Guardians Unavailable

Name _____	Home Phone # _____ - _____ - _____
Address _____	Work Phone # _____ - _____ - _____
City/State/Zip _____	Mobile Phone # _____ - _____ - _____

Please list any Medical or other Conditions the staff needs to be aware of. (Information Kept Confidential)

I give permission for my child to be picked up from the Academy by the following people.

Name _____	AR DL# _____
Name _____	AR DL# _____
Name _____	AR DL# _____

In case of an Emergency, if I cannot be reached, I hereby authorize Grandmaster Hans and its agents to have _____ Treated by the physician listed below or a physician of their choice.

Physician's Name _____ Phone # _____ - _____ - _____

Insurance Provider _____ Group/Membership # _____

I UNDERSTAND MARTIAL ARTS IS A PHYSICAL ACTIVITY AND INJURIES CAN OCCUR. I AGREE TO INDEMNIFY AND HOLD HARMLESS GRANDMASTER HANS MARTIAL ARTS OF CENTRAL ARKANSAS, ITS INSTRUCTORS AND AGENTS. I UNDERSTAND THAT FEES ARE DUE AND PAYABLE ON MONDAY OF EVERY WEEK IF PAYMENTS ARE MADE WEEKLY OR ON THE FIRST OF EVERY MONTH FOR MONTHLY PAYMENTS. FIVE DOLLARS (\$5) PER DAY LATE PAYMENT FEES MAY BE ASSESSED. SEVENTY FIVE DOLLAR (\$75) REGISTRATION/UNIFORM FEES ARE DUE AT THE TIME OF APPLICATION AND ARE NON-REFUNDABLE. EQUIPMENT, BELT PROMOTION AND VOLUNTARY SEMINAR PARTICIPATION FEES ARE EXTRA AND ARE THE RESPONSIBILITY OF THE PARENTS.

Student, Parent/Guardians

Signature _____ Date ___/___/___