Austin Kenpo Karate Student Enrollment Form

Student Information

Student Name: _____
Group Attending A,B,C,D: _____
D.O.B_____
Student's Address _____
City: _____ **Zip:** _____

Parent Information

Parent/Guardian: _____ **Relationship:** _____
Home/Cell Phone: _____ **Work Phone:** _____
Address: _____ **City:** _____**Zip:** _____
Place of Work/Business: _____ **Position:** _____
E-Mail Address: _____
Other Contact Info: _____

Parent/Guardian _____**Relationship:** _____
Home/Cell Phone: _____ **Work Phone:** _____
Address: _____ **City:** _____**Zip:** _____
Place of Work/Business: _____**Position:** _____
E-Mail Address: _____
Other Contact Info: _____

Emergency Contact/Pickup Information

(Emergency contacts in case parents/guardians can't be reached. I authorize these individuals to pick up my child in the event that I cannot. List individuals in the order that you would like for us to call in case of emergency and parent/guardians cannot be reached.)
Please fill out the entire information including the Address C.F.P.S requires it.

1. Name: _____ **PH #:** _____ **Relationship:**_____
Address: _____ **City:** _____**Zip:** _____
2. Name: _____ **PH #:** _____ **Relationship:**_____
Address: _____ **City:** _____**Zip:** _____
3. Name: _____ **PH #:** _____ **Relationship:**_____
Address: _____ **City:** _____**Zip:** _____
4. Name: _____ **PH #:** _____ **Relationship:**_____
Address: _____ **City:** _____**Zip:** _____
5. Name: _____ **PH #:** _____ **Relationship:**_____
Address: _____ **City:** _____**Zip:** _____
6. Name: _____ **PH #:** _____ **Relationship:**_____
Address: _____ **City:** _____**Zip:** _____
7. Name: _____ **PH #:** _____ **Relationship:**_____
Address: _____ **City:** _____**Zip:** _____

Student Name: _____

Initial:_____

Receipt of Summer Camp Operational Policies (Check box and Sign). <u>This is a legally binding contractual agreement. It is strongly advised that you thoroughly read the Operational Policies and all contracts, and that you discuss any concerns or questions with the Director, prior to signing and submitting said paperwork</u>.

☐ I have read and understand the policies set forth in the Operational Hand Book and agree to the conditions and terms outlined. No other verbal or written modification of these documents exists.

_____	_____	_____
Signature of Parent/Legal Guardian	**Date**	**Printed Name**

Austin Kenpo Karate Student Enrollment Form (Cont'd)

Transportation

(Check all boxes and sign).

☐ **I give permission for my child to be transported and supervised to/from AKK.**

_____ _____ _____

Signature of Parent/Legal Guardian **Date** **Printed Name**

Liability Waiver

I give permission for my child (Print Child's Name)_____ to attend the Summer Camp Program offered by Austin Kenpo Karate. I state that my child is physically fit to take karate and understand that the staff and instructors at Austin Kenpo Karate will do everything in their power to protect my child while in their care. I acknowledge that Austin Kenpo Karate will transport my child as necessary to and from activities that will be located away from the school, and that I will not hold Austin Kenpo Karate or its students or instructors liable for any automobile accident, nor liable for any injuries that may occur and assume that the risk associated with such transport and activities is comparable to the risk assumed when normally transporting my child in an automobile. I further acknowledge that Karate is a contact sport and like any other sport I realize that there are some personal risks and that I am assuming that risk and hold harmless Austin Kenpo Karate and its instructors and students while my child is in their care.

_____ _____ _____

Signature of Parent/Legal Guardian **Date** **Printed Name**

Austin Kenpo Karate Student Enrollment Form (Cont'd)

Emergency Medical Information and Immunization Records

In the event that I cannot be reached to provide emergency medical for my child I, authorize the instructor or representative of Austin Kenpo Karate to seek medical treatment for my child and/or to administer first aid and/or CPR.

_____
Student's Name

Family Physician Contact Information

Physician's Name:_____ Phone #: _____
Address: _____
Insurance Information: _____

I give permission for my child to be treated at a local emergency room if necessary.
Preferred of Emergency Room (if possible): _____

I give consent to emergency medical treatment as seen fit by Austin Kenpo Karate in the event I cannot be reached or if an emergency does not permit time for Austin Kenpo Karate to reach me first.

My child's immunization record is on file at the public or private school they are attending and all immunization and tuberculosis tests are current. All necessary vision and hearing screenings as required by the Special Senses and Communications Disorders Act are current and on file at the public or private school my child is attending.

_____ _____ _____
Signature of Parent/Legal Guardian Date Printed Name

Medical History

Please list any medical conditions your child has such as allergies, illnesses, and injuries in the past 12 months that merited medical treatment and any medicines prescribed for long-term continuous use. Write "none" if this does not apply to your child.

1. _____
2. _____
3. _____
4. _____

Austin Kenpo Karate Student Enrollment Form (Cont'd)

AUTOMATIC CREDIT CARD BILLING AUTHORIZATION FORM (MERCHANT #64959781)

To set up your account for automatic billing, complete the Credit Card information below. All requested information is required to set up the account. Upon approval, Austin Kenpo Karate will automatically bill your credit card for the registration fee, if applicable, and thereafter the full amount of tuition and fees every week, 2 weeks prior to the Monday of the 1st day of attendance for that week. All charges will be in accordance with the policies set forth by Austin Kenpo Karate. Your total charges will appear on your monthly credit card statement.

Billing will end either at the date specified by this contract, or when customer provides 30-day advance written cancellation via email at: sifu@austinkenpokarate.com, and is accepted via email by Austin Kenpo Karate. I agree to pay, and authorize Austin Kenpo Karate to charge, the credit card listed below: any and all late, cancellation, and other applicable fees in accordance with policies of the contract/program agreed to at time of enrollment and/or renewal.

Fees[1] - In order to secure your child's placement registration and tuition in full for first 2 weeks must be paid 2 weeks prior to start date

Registration Fees (Check One): ☐ First child $ 79.95 ☐ Second Child $49.95 ☐ Existing Student $39.95
☐ Meals: Add $45/week to rates listed below.

The following penalties will be assessed in the event that the student(s) does not complete their enrollment as agreed: $75.00 per week. Cancellation of attendance for any week must be made 30 days or more in advance, via email, and a response given by Austin Kenpo Karate. Failure to cancel within these guidelines will result in a charge for tuition and fees for that week, even if notification is made prior to the charge; if you cancel within these guidelines, you will not be charged, except for the cancellation fee. Registration fees are non-refundable.

Discounts (check one):
☐ Early Registration Subtract $20/week (Must be submitted by April 15).
☐ Early Registration Second Child $15/week (Must be submitted by April 15).
☐ 8 weeks or more Subtract $100 total.

Weeks Child Will Attend (check all that apply):
☐ Wk #1: June 6-June 10 $296.00 ☐ Wk #2: June 13- June 17 $312.00 ☐ Wk #3: June 20- June 24 $311.00
☐ Wk #4: June 27-July 01 $312.00 ☐ Wk #5: June 04-July 8 $298.00 ☐ Wk #6: July 11-July 15 $296.00
☐ Wk #7: July 18-July 22 $304.00 ☐ Wk #8: July 25-July 29 $302.00 ☐ Wk #9: Aug 02-Aug 06 $336.00
☐ Wk #10: Aug 08 -Aug 12 $320.00

Method of Payment (Please refer to Operational Policies for rates):
☐ **Credit Card:** (Circle One) MC Visa **Authorized Amount[2]: $** _____

[2] Enter payment amount for option checked above PLUS registration fee, if applicable, including event fees. You authorize Austin Kenpo Karate to automatically debit this card every week for the tuition rate checked above plus event fees listed in this Operational Policies and/or as agreed upon between you and Austin Kenpo Karate. No other agreement exists outside of this contract unless agreed upon, in writing via email or facsimile transmittal, between you and Austin Kenpo Karate. DO NOT write contractual changes on this form; they will be considered null and void.

Credit Card Number: _____ **Exp (mm/yy):** _____ **CVV:** _____

Cardholder Address, City, State, ZIP: _____

Cardholder Phone Number: _____

Cardholder Signature: _____

Printed Name: _____ **Date:** _____/_____/_____

Initial:_____

Methods to Submit Student Application Form (ALL pages):

1. **Mail** completed, signed forms and payment to Austin Kenpo Karate, 5501 N. Lamar Blvd. #A-225, Austin, TX 78751. Must be received by due date as outlined in Operational Policies to guarantee placement. We will attempt to reach you using the contact information given on this form to acknowledge receipt.
2. **Deliver** your paperwork in person (necessary for cash payments; optional for all others). Please call us prior to coming in, as instructors are not always available to take your paperwork and payment from you. We will do our best to work with your schedule.
3. **Email:** Send completed paperwork to sifuSchroder@gmail.com

If you are mailing your payment and would like to receive a paper receipt prior to the first day of after school pickup, please check which method you would like to receive it (otherwise you will receive your receipt on the first day of class):

☐ Mail (Sent to cardholder address only)
☐ Fax: _____
☐ Email: _____

Student Name: _____

How did you hear about us? (Check all that apply)

☐ Current student
☐ Internet search engine (Google, Yahoo, MSN, etc.)
☐ Citysearch
☐ Yelp
☐ Other internet review site(s): _____
☐ Facebook
☐ Yellow Pages
☐ Friend: _____
☐ Other: _____