



Central Florida Budokai Karate Do. All About Arts. All about Dance By Jenny



1) Student Name _____ Date _____

2) Student Name _____ Date _____

3) Student Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Home# _____ Work# _____ Emergency# _____

Age _____ Birthday _____ Sex _____ Grade _____

School Name _____ Teacher Name _____

Email _____

Waiver/ Release

I, _____, understand that karate, jujitsu, kickboxing, powerkickboxing, and all martial arts, soccer, basketball, flag football, volleyball are sports that involve physical contact. You, Buyer and/or Student are aware that the student(s) is engaging in physical exercise and self-defense instruction. It is always advisable to contact your physician before entering any program of physical fitness. The student is voluntarily participating in these activities. The buyer and student hereby waive and release any claim or right to sue SKC Orlando SKC LLC DBA/Orlando SKC LLC, The Sport Karate MMA Center and, its students, employees, instructor, volunteers, and management from and all injuries that may occur on or off this premises, through negligence or not, while participating or competing in karate, any other martial art or fitness program.

Name _____ Date _____

Parent Signature (if under 18) _____ Date _____



Child's Name _____ Age _____

Name of Parents or Legal Guardians: _____

Address _____

Emergency Phone Numbers:

Mother- Home _____

Father Home _____

Work _____

Work _____

Cell _____

Cell _____

Special Emergency Number: _____

Name of Family Doctor(if you have one) _____

Doctor's Name _____

Medical Insurance for Child _____

Please list every person authorized to pick up your child - if they are not in the list they cannot pick up your child.

	Name	Phone Number
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____



_____ I hereby give my consent to **SKC Orlando LLC, Orlando SKC LLC DBA/The Sport Karate MMA Center**-its instructors, employees, or any emergency medical personnel to administer necessary treatment to my child(named Above) in the event of an emergency and to _____ transport him/her by ambulance if the situation warrants.

_____ I hereby give my consent to **SKC Orlando LLC, Orlando SKC LLC DBA/The Sport Karate MMA Center** or its authorized agents to transport my child (named above) to _____ and from **SKC** and _____ other **SKC** authorized activities.

I understand that KARATE, JUDO, TAE KWON DO and all other Martial Arts, Soccer, Basketball, Flag Football, Volleyball are sport involving physical contact and physical exercise. You, buyer and or student, are aware that the student is engaging is physical exercise and self-defense instruction. It is always advisable that you contact your physician before entering any program of physical fitness (and outdoor sports). The student is voluntarily participating in these activities. I hereby waive and release any claim or right to sue **SKC Orlando LLC, DBA/The Sport Karate MMA Center** or and its students, employees, instructor, volunteers and management from any and all injuries that may occur on or off this premises, through negligence or not, while participating, practicing or competing in Karate or any other Martial arts Event, Camp or fitness Program.

I understand that while in Karate Camp and After school Karate, we will be engaging in the following activities: SWIMMING, PAINTING, MOONWALKS,GO KARTING,AMUSEMENT PARK RIDES, GOING TO THE PARK,MONKEY BARS,FISHING,ROLLER SKATING, ICE SKATING,BASKETBALL,KARATE, AND MAY MORE ACTIVITIES AND SPORTS. Being aware of the risk and hazards inherent to the use of certain equipment or the facilities, I hereby assume all loss, damage and injury, including death that may be sustained by my child.

in signing the consent and Release Form, I hereby acknowledge and represent that I have read the foregoing, understand its terms, and sign it ,voluntary. I ALSO ACKNOWLEDGE THAT MY CHILD IS IN EXCELLENT PHYSICAL HEALTH AND IS ABLE TO ENDURE STRENUOUS ACTIVITIES AND PLAY, INCLUDING THE ABOVE NAMED ACTIVITIES AND OTHER NOT MENTIONED OR STATED.

Date _____ Parent's signature _____ DL# _____

Notary Signature _____ Seal _____



Please remember that in addition to After School Karate we also have an evening Karate program and summer camp program. If you are interested for yourself or for your child, or no longer have need for after school karate, please ask your instructor for class details and a schedule.

1. This is a Karate After School program and every child must do Karate Classes every day.
2. Afterschool karate class: Mon- Thurs. Fridays are FUN DAYS; we will watch movies and play Martial Arts skill games. This day is a reward to all of our HARD WORKING students!
3. If we pick a student up two or more times in a week, it is considered a full week.
4. The daily rate is \$35.00
5. Please pack a snack every day.
6. Pick up time is 6:30, but **no later than 7:30**. Late pick up charge of \$25.00/wk applied for 2 or more late pick up. **A \$3 daily fee will be charge per everyday past due after payment.**
7. We offer extend-a-day(**up to 8:30 PM**) for an additional \$20.00 a week.
8. **If your son/daughter is not going to be in school OR leaves early please call SKC Orlando by 12:30 to let us know. If we do not get a call it will make us late trying to find your child. If the school cannot or will not find your child, we must leave and go to our next stop. Please, give us a call! If you don't call there will be a \$5.00 charge.**
9. If your child would like to take any of our night karate programs you must register them into our night karate programs. Special Rate of \$75.00 a month for after school students that included all Weapons Classes, Self Defense, Tournament Practice, and Fight night(regular price \$199).
10. Payments are due on Friday prior to the week attending. Since after school is a week to week basis your authorization to pick up your child is through payment. Without payment, we will be unable to pick up your child.
11. Kids must bring the Karate uniform every day, clean and presentable condition.
12. Please list every person authorized to pick up your child - if they are not in the list they cannot pick up your child.
13. You must provide a written notice to cancel the services two weeks prior the last day of service. Any outstanding balance must be paid in full.
14. Any uniform, karate equipment, or weapon used in the dojo must be purchased from the dojo.
15. There are certain days throughout the school year that school will not be in session (Ex: teacher workdays/student holidays). On those days, the school will be opened from 7am to 7:30pm. In order to participate in these full days there is an additional \$20 charge, a week notice required, and 10 participants.
16. Every parents must come inside and sign-out the kid. We will not send kids outside by them self.



I have read and understand all of preceding information

Parent's signature _____ Date: _____



TO ALL PARENTS, CAMPERS AND AFTER SCHOOLERS: Please read this discipline (Behavior) Policy and acknowledge your agreement with the terms by signing it and returning it with your registration.

In an effort to bring your child(ren) and the other students a safe and fun experience, it is necessary that all students exhibit proper behavior, self-discipline and self-control. Correcting unsatisfactory behavior is time consuming and distract from providing quality, safe, educational and fun activities for the rest of the students.

If we are unable to control a situation we will contact the parent(s) first by telephone at or near the disturbance, so that the parent may reinforce (by phone) the requirement that all students enrolled at SKC camp/after School Program behave satisfactorily and follow instructions fully and promptly.

Students that cannot be controlled by verbal commands or that are constant disciplinary problem will be suspended without a refund after appropriate warnings to their parents.

DISCIPLINE POLICY: When SKC's staff experiences repeated inappropriate behavior from any enrolled child, that child will be given ample verbal warning of their improper actions and instructions to correct it. After being set out of the activity at hand, if the student's behavior is not corrected promptly we will call that parent(s) for assistance (by phone) in changing the child's actions. Upon a second disciplinary action requiring a phone call to a parent, we will REQUIRE parents to make arrangements immediately (in one hour or less) to pick-up their child for the rest of the day.

I, _____ (child's name printed) and
_____ (parent's name printed) hereby acknowledge that
we have discussed this policy between us, understand it and agree to abide by all of its terms
and conditions.

Date: _____ Parent's signature _____

Work phone number of primary pick-up parent: _____



Alternative phone number to contact parent: _____

Central Florida Budokai Karate Do
After School Karate Pick-up Authorization

I, _____, give _____
(Parent's Name) (Elementary/Middle School)

permission to let my child, _____, leave school by
(Child's Name)
way of the **The Sport Karate Center** pick up van. They are currently enrolled in
the **SKC** after- School Karate Program.

(Parent signature) (Date)

Friendly Reminder

This Monday July 13, 2015 we will be going to Wonderworks as everybody know it will be \$10.00 extra for this week and since we will be spending the whole day there and we can't bring any outside food they are giving us a special group price for lunch pizza, cookie and soda for \$7.00 and I will have to collect the money and

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