



- ❖ Self-Defense
- ❖ Discipline
- ❖ Respect For Others
- ❖ Stranger Danger
- ❖ Bully Control
- ❖ Self-Respect

YES!
I Want My Child To Learn...

After-School Martial Arts Program

KICKS TKD AFTER-SCHOOL AUTO DRAFT

Auto Pay Option: Please complete form and **sign your name** below

I authorize KICKS Tae Kwon Do Academy to automatically deduct from the information furnished below under the company's Pre-authorized Payment Plan (checks/ electronic fund transfers, Visa, MasterCard, American Express, or Discover).

*****Your payment will be processed the business day before when drafting date falls on a weekend or a holiday*****

Name on Account _____	
Billing Address _____	
City: _____	State: _____ Zip: _____
Credit Card Info	Date To Be Drafted
Please Circle: _____	
VISA MC AMEX DISC	
Card # _____	
Exp. Date _____	Sec. Code _____
Date _____	Account Holder Signature _____
For Office Use Only:	
Basic Plan: \$ _____/mth	Premium Plan: \$ _____/mth

School Year: _____	
Date	Amount
Aug (1 Week Only)	
Sept	
Oct	
Nov	
Dec	
Date	Amount
Jan	
Feb	
Mar	
Apr	
May	
June (1 Week Only)	

Subject to the following conditions:

1. The payment will be drawn on or about the due dates of the agreement/contract; the transactions on your bank statement will constitute receipts for payment on your account.
2. Making payments under this Plan may be revoked by KICKS Tae Kwon Do Academy if any item is not paid upon presentation.
3. This Plan, if canceled, does not release you from your obligation (Promissory Note / Contract / Agreement).
4. A service charge of \$25.00 minimum will be assessed to all insufficient drafts, checks, electronic fund transfers, or charge cards.
5. It is your responsibility to furnish new bank or credit card information, expiration date, signature panel code, etc., and the new information will replace the old information on the account.
6. This Plan shall apply to the following Applicant(s):

AFTER-SCHOOL REGISTRATION FORM

RELEASE OF LIABILITY

SECTION I: PARENT INFORMATION		Parent/Applicant Name:		DOB:	M / F
Address:		State:			
City:		State:		Zip:	
Email:		Second Contact Number:			
Best Contact Number:		Relationship to Child:			
Emergency Contact Name:		Second Contact Number:			
Emergency Contact Number:		Second Contact Number:			
These are the people who may pick up my child:					
SECTION II: CHILLD INFORMATION					
Child's Name:		DOB:		Age:	
School Attending:		Teacher:		Grade:	
Days Attending:					
<input type="checkbox"/> 5 Days: _____ <input type="checkbox"/> 4 Days: _____ <input type="checkbox"/> 3 Days: _____ <input type="checkbox"/> 2 Days: _____					
SECTION III: OFFICE USE ONLY				Start Date:	
<input type="checkbox"/> Basic Package: Includes TKD Lessons <input type="checkbox"/> Premium Package: Includes TKD Lessons		Teacher Workdays		End Date	
Registration Fee:		Auto Draft Date:		Monthly Payment	
One Time: \$99.00 (non-refundable)					

By signing below, I hereby warrant that I am the parent or legal guardian of _____, who is a minor. I understand that KICKS Taekwondo (JW & PD Inc.) After School Care Program involve fitness, exercise, and other sporting and recreation activities, in which my child will be involved, and which involve a risk of bodily or physical injury, whether caused by the actions or negligence of members of KICKS Taekwondo, guests, volunteers, other children involved in the Program, or employees of KICKS Taekwondo. I understand and voluntarily accept and assume this risk of injury for myself and my child, and agree that KICKS Taekwondo, its employees, officers, directors, and shareholders will not be liable for any injury including, without limitation, personal, bodily or mental injury, death, economic, monetary or financial loss, or any damage of any nature whatsoever to me, my child or his or her heirs, representatives, or estates occurring at the premises of KICKS Taekwondo, while using the facilities and equipment owned or operated by KICKS Taekwondo, or while participating in activities or classes, providing or receiving training or instruction, or observing or participating in any way in any fitness, exercise, or other sporting or recreation activities or events of KICKS Taekwondo, or resulting from or in any way arising out of the negligence of KICKS Taekwondo, anyone on KICKS Taekwondo's behalf, or anyone at the premises of KICKS Taekwondo or using the facilities owned or operated by KICKS Taekwondo. I further agree that the foregoing release and waiver of claims and liability is intended to be as broad and inclusive as is permitted by the laws of North Carolina and that if any portion hereof is held invalid, I agree that the balance shall continue in full legal force and effect. I acknowledge that I have read the release of claims and waiver of liability and that I am aware of its legal consequences, including that it prevents me from suing or asserting any claims against KICKS Taekwondo or its employees, agents or officers if my child is injured or damaged for any reason as a result of his or her participation in the After School Program.

Parent Name (Print): _____

Parent Signature: _____ Date: _____

PICTURE RELEASE FORM

This release form is for the purpose of putting pictures with students on the KICKS Taekwondo Website. The intended use is for promotional segments throughout the site including but not limited to monthly specials, advertisement and/or educational aids for current students.

I _____ give my permission for KICKS Taekwondo's Webmaster and owners to use my child's picture(s) on the KICKS Taekwondo Website.

I _____ DO NOT give my permission for KICKS Taekwondo's Webmaster and owners to use my child's picture(s) on the KICKS Taekwondo Website.

Child's Name _____

ABSENCES & CANCELLATION POLICY

If your child is not attending After-School Care, please notify us no later than 12:00 PM the same day. You can send texts to (919) 946-8191. If our drivers are not contacted and needs to wait for your child, we reserve the right to charge for services that day. We require a two week written notice for any cancellation.