



- ❖ 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: _____
<b>Credit Card Info</b>	<b>Date To Be Drafted</b>
<b>Please Circle:</b> _____	
VISA    MC    AMEX    DISC	
Card # _____	
Exp. Date _____	Sec. Code _____
Date _____	Account Holder Signature _____
<b>For Office Use Only:</b>	
Basic Plan: \$ _____/mth	Premium Plan: \$ _____/mth

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

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

SECTION I: PARENT INFORMATION		Parent/Applicant Name:		DOB:	M / F
Address:		State: _____ Zip: _____			
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		End Date			
Registration Fee:		Auto Draft Date:		Monthly Payment	
One Time: \$99.00 (non-refundable)					

# RELEASE OF LIABILITY

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.

### 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.

**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. JJW & PD, Inc. dba KICKS TAEKWONDO has put in place preventative measures to reduce the spread of COVID-19; however, JJW & PD, Inc. dba KICKS TAEKWONDO cannot guarantee that you will not become infected with COVID-19. Further, participation could increase your risk of contracting COVID-19.

**READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH**

\_\_\_\_ INITIALS By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at KICKS TAEKWONDO may result from the actions, omissions, or negligence of myself and others, including, but not limited to, KICKS TAEKWONDO's employees, volunteers, and program participants and their families.

\_\_\_\_ INITIALS I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at KICKS TAEKWONDO. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless KICKS TAEKWONDO, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of KICKS TAEKWONDO, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at KICKS TAEKWONDO.

\_\_\_\_ INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

\_\_\_\_ INITIALS In the event that I file a lawsuit, I agree to do so in the state where KICKS TAEKWONDO is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

\_\_\_\_ INITIALS By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

\_\_\_\_ INITIALS I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

\_\_\_\_ INITIALS If I have signed a separate general waiver of liability connected to my participation at KICKS TAEKWONDO, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

\_\_\_\_ INITIALS I agree that I will practice safe social distancing and clean hygiene during my participation at KICKS TAEKWONDO.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT  
(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_