

Location _____



Trial Class _____
Day _____
Time _____
Date _____

Part A: General/Billing Information

Contact Name: _____ Relation to Student: _____

Home No. _____ Cell No. _____ Work No. _____ Email: _____

Contact Name: _____ Relation to Student: _____

Home No. _____ Cell No. _____ Work No. _____ Email: _____

Address: _____

City _____ State _____ Zip _____

Part B: Student Information (only if different than contact information)**

Name of Student: _____ Gender _____ Child's D.O.B _____

**Name of Parent or Guardian:(if different than above contact) _____

**Address _____ *City _____ **State _____ **Zip _____

**Email _____

Student's Medical/Physical Conditions - alert for instructor: _____

Health Information

Insurance Company _____

Policy Number _____

Name of Insured _____

Medical Conditions: _____

Medications: _____

Emergency Contact (other than parent or guardian)

Name (1) _____

Relation _____

Phone No. _____

Alt . No. _____

Release of Liability. I understand that strict observation by me, of the rules and regulations of America's Best Kids, America's Best Karate of South Medford, LLC, as well as all affiliates of America's Best Kids, Inc including the use of protective equipment, will largely eliminate the possibility of accident or injury, and I hereby represent that I am physically fit to take the prescribed course of instruction and that I have had an opportunity to observe and/or participate in lessons prior to the signing of this agreement. I have chosen and voluntarily agree to use the facilities, equipment and resources provided by America's Best Kids at my own risk with knowledge of the risks involved. I further understand and agree that I release from liability and waive any and all claims or actions for personal injury or death or property damage or loss against America's Best Kids, its owners, officers, operators, employees and affiliated persons, whether caused by the fault, negligence, omission, or any other act however caused, of America's Best Kids, America's Best Karate of South Medford, LLC, as well as all affiliates of America's Best Kids, Inc

I have read and understand the above: X _____ (Must be signed by parent or guardian)

Medical Authorization: I hereby authorize the staff of America's Best Kids, America's Best Karate of South Medford, LLC, as well as all affiliates of America's Best Kids, Inc to act for me according to their judgment in any emergency requiring medical attention, and hereby waive and release the school and its staff from any and all liability for injuries or illness incurred while in the school. I have no knowledge of any physical impairment that may affect the above named student participation in the program and have read and understand the terms and conditions outlined in the accompanying material including the membership agreement.

X _____ (Must be signed by parent or guardian).

Photo Release. I do hereby give America's Best Kids the irrevocable right to use picture or photograph in all forms for display or advertising or any other lawful purposes. **X _____**

Returned Check Fee. I understand that I will be charged a returned check fee of \$25.00, and when applicable, a late charge as well.

Pool Activities: All children age 5 and under; or non-swimmable child of any age; is required to have a parent or legal guardian in the pool or on the pool deck at all times during their child's activity in the pool. **X _____**

Supplemental Programs. Training supplements, private lessons, special programs, seminars, and special events are considered to be non-refundable, unless otherwise specified. **X _____**

Late Pick Up. If a student is not picked up immediately after his/her class, a charge of \$10 will be applied to your account and \$1 a minute for every minute after the first 10 minutes. **X _____**

Part E: Signature I agree to the terms of this agreement: _____ Parent/Guardian