



Washington Karate Association Bellevue After School Program (ASP)

General Information Form

Child's Name _____ Birth Date _____ Age _____ Grade _____

Name of School _____ Student # _____

Teachers Name _____ Room # _____

How will your child be transported to the ASP? (please circle) WKA pickup Drop Off Walk

Approximate time of arrival: _____

1. Parent/Guardian _____ Relationship to child _____
Address _____ City _____ Zip _____
E-Mail _____ Home Phone _____
Cell Phone _____ Work Phone _____
Employer _____ Occupation _____

2. Parent/Guardian _____ Relationship to child _____
Address _____ City _____ Zip _____
E-Mail _____ Home Phone _____
Cell Phone _____ Work Phone _____
Employer _____ Occupation _____

Family living [] together [] apart (please check one)

Child's primary residence _____

Sibling(s) and their age(s) _____

How did you hear about the Washington Karate Association Bellevue After School Program?

Persons authorized to pick up your child from WKA other than yourself:

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

Washington Karate Association – Bellevue, Inc.

PO Box 33703 ♦ Seattle, WA. 98133-0703 ♦ 206-363-0341
MEMBERSHIP AGREEMENT AND COURSE ENROLLMENT AGREEMENT

STUDENT NAME: _____ AGE: _____ DATE OF BIRTH: _____
PARENT/GUARDIAN: _____ EMAIL ADDRESS: _____
ADDRESS: _____ CITY: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____ CELL: _____
MEDICAL INSURANCE IS A REQUIREMENT FOR MEMBERSHIP. DO YOU HAVE CURRENT MEDICAL INSURANCE? YES NO
EMPLOYER: _____
OCCUPATION _____

I, _____, hereby make application for Individual Group membership, which includes the instructional program, in the Washington Karate Association – Bellevue, Inc., and upon acceptance I sincerely pledge to obey all club rules and regulations which are set up for the purpose of keeping order of this club and for the protection of pupils from injury, I recognize that a risk is involved in my studies that requires my adherence to these rules and instructor's discipline. The Washington Karate Association – Bellevue, Inc. will provide instruction to me in karate, and facilities for that instruction, for the term of my membership. Facilities may vary from location to location. The WKAB makes no representation as to staff assigned to each location, the quantity of lessons or schedules, or the results to be obtained from participation in the program.

Also in consideration of my being permitted to participate as a member of the Washington Karate Association – Bellevue, Inc., which is teaching me special skills, I/we will not teach, train, instruct, demonstrate or lecture others in the art of karate or martial arts, either directly or indirectly, or be an employee thereof, until five (5) years have elapsed after termination of my membership from any school of this Association within a thirty mile area or radius of any school or branch of this Association so engaged, without the written permission from the Washington Karate Association – Bellevue, Inc.

The Washington Karate Association – Bellevue, Inc. is agreeing to provide instruction and training in the martial art of Japanese Karate, and related use of the facilities where the instruction and training is provided. Applicant understands and agrees that such instruction and training may be beneficial to applicant, but is not an essential service, and that alternatives exist within the community.

I am applying for a membership of _____ duration

I have received a copy of the rules and regulations of the Washington Karate Association – Bellevue, Inc.

I have received a statement of my rights, which is attached to this membership application, including my right to cancel this contract.

SAFETY AFFIRMATION AND RELEASE (Read Carefully, Then Sign)

I, _____, hereby certify that I am cognizant of all of the inherent risks and dangers of practicing, studying, or demonstrating the martial arts. I understand that it is not the purpose of this course to teach safety rules, nor is it the function of the instructors to serve as the guardians of my safety. In consideration of accepting my entry into this club, I understand and agree that neither the Washington Karate Association – Bellevue, Inc., their officers, instructors, employees, agents, members and authorized guests may be held liable in any way for any occurrence in connection with any injury, death or other damages to me or my family, heirs or assigns, and I personally assume all risks in connection with said course, and I further release the Washington Karate Association – Bellevue, Inc., their officers, instructors, employees, agents, members and authorized guests for any harm, injury of damage which may befall me, whether or not occasioned by the acts of negligence or failure to act of the Washington Karate Association – Bellevue, Inc., their officers, instructors, employees, agents, members and authorized agents, and including all risk connected therewith whether foreseeable or unforeseeable and further to save and hold harmless the Washington Karate Association – Bellevue, Inc., their officers, instructors, employees, agents, members and authorized guests from any claims by me or my family, estate, heirs, or assigns, arising out of my enrollment and participation in the subject or subjects above mentioned. **I further state that I am of legal age and legally competent to sign this release that I understand and agree the terms herein are legally binding and not a mere recital and that I sign this document of my own free act.**

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS AFFIRMATION AND RELEASE BY READING IT BEFORE I SIGNED IT. I have had a medical examination to assure myself, and assume my own responsibility of physical fitness to engage in the practice, study, or demonstration of the above mentioned subjects, and am physically fit as attested to by the aforementioned medical examination, and to agree to maintain at all time a policy of medical and accident insurance.

GUARDIAN OR PARENT SAFETY AFFIRMATION AND RELEASE

The undersigned parent or guardian hereby warrants and affirms that they will indemnify the Washington Karate Association – Bellevue, Inc., their officers, agents, employees, instructors, members and authorized guests, and hold them, and each of them harmless from and damages, cost or liability of any kind resulting from any injury or damage to the above mentioned child, founded upon any breach or failure of the undersigned parent which may result in the Safety Affirmation and Release being declared invalid by any court of competent jurisdiction. In consideration of the acceptance of the above named applicant for instruction in the martial arts, and also recognizing that there are risks involved in practicing, studying, or demonstrating the above mentioned subjects, I, the undersigned parent or guardian, hereby, now and forever, fully release and discharge and agree to save, indemnify and keep harmless, the Washington Karate Association – Bellevue, Inc., their officers, agents, employees, instructors, members and authorized guests from all liability, claims, judgments or demands for damages, arising from damages or injury of _____ or his/her property occasioned by the acts of, negligence, or failure to act of the Washington Karate Association – Bellevue, Inc., their officers, agents, employees, instructors, members and authorized guests, and I further agree I will never institute any suit or action at law, or otherwise, against the Washington Karate Association – Bellevue, Inc., their officers, employees, agents, instructors, members, and authorized guests on account of or arising out of damage, loss, or injury to _____.

I further state that I am the parent or legal guardian of _____, and I understand and agree that the terms herein are legally binding and not a mere recital; and that I sign this document as my own free act. Further, I warrant and guarantee to the WKAB that I am fully authorized by law to execute this release for the child, and will hold the WKAB harmless from any liability, loss or damage of any kind if my release of liability for the child is deemed invalid for any reason.

I HAVE FULLY INFORMED MYSELF OF THE TERMS AND CONDITIONS OF THIS AFFIRMATION AND RELEASE BY READING IT BEFORE I SIGNED IT. (_____) INITIAL). I have had _____ examined by a physician to assure myself, and I assume the responsibility of his/her physical fitness and capability to perform under the normal conditions of the course of instruction mentioned above, and that he/she is physically fit as attested to by the aforementioned medical examination, and I agree to maintain at all times a policy of medical and accident insurance for said minor child. The undersigned understands and agrees that the Washington Karate Association – Bellevue, Inc., may suspend or terminate this membership, and deny any access to or use of the facilities to any members (1) who fails to pay the dues and charges established in a timely manner; (2) who breaches any term or condition herein; (3) whose actions are disruptive, abusive, or interfere with normal club activities or with the WKAB staff. This right of the WKAB shall not be exclusive, but shall be in addition to any other remedy available to the WKAB in law or in equity.

Date: _____ Parent or Guardian Signature: _____



Washington Karate Association Bellevue After School Program

Health Form

Child's Full Name: _____ Date of Birth: _____

Emergency Contacts:

Parent 1 Name: _____ Phone: _____

Parent 2 Name: _____ Phone: _____

Other Emergency Contact Name: _____

Phone: _____ Relationship to child: _____

Child's Primary Care Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Name of Insurance Company _____ Policy # _____

Food or Drug Allergies _____

What additional information should WKA Bellevue be aware of if your child comes into contact with the allergen?

Please describe any specific health or emotional problems (vision, hearing, diabetes, etc.), medications or pertinent family background information for which we should be aware.

Parent Printed Name: _____

Parent Signature: _____ Date: _____



AUTHORIZATION FOR MEDICAL TREATMENT

To: Whom it May Concern

Re: Child's Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

THE UNDERSIGNED CERTIFIES AS FOLLOWS:

I AM THE PARENT OR LEGAL GUARDIAN OF _____, born on _____, who is under the age of eighteen (18) years, and who will be attending the After School Program at the Washington Karate Association – Bellevue school.

If I am not reasonably available to provide my personal consent, then the Washington Karate Association – Bellevue personnel, Junko Arai, or any other adult person duly designated by her, is hereby authorized and directed to provide any necessary legal consent to any emergency medical or dental treatment which may be required for or by the above named minor person, including, but not limited to:

- a) First aid type treatment and para-medical treatment
- b) Medical diagnosis and treatment
- c) Hospital treatment, including surgery
- d) Dental treatment, including dental surgery
- e) Any other required emergency health care

You are specifically authorized to provide any such treatment to my child or ward. A copy of this authorization and release shall have the same force and effect as a signed original.

The undersigned agrees to be liable for any and all costs, expenses, or related charges for the treatment and services provided to my child or ward. The undersigned will indemnify and hold harmless the WKA After School Program and the Washington Karate Association – Bellevue personnel, it's agents, employees, officers, directors, and volunteers, from any loss, cost, or damages arising from the treatment of my child or ward as authorized herein.

This release shall remain effective until revoked by me, or the release of the above named minor person from the WKA After School Program, Washington Karate Association – Bellevue, Inc.

NAME OF MINOR: _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____
PARENT/GUARDIAN SIGNATURE: _____
CONTACT PHONE NUMBER/S: _____
DATE: _____

***Note that these are undisclosed forms**



Washington Karate Association Bellevue After School Program (ASP)

Registration and Parent Agreement

By enrolling my child in the Washington Karate Association Bellevue Dojo After School Program (ASP), I understand and agree to the following: (please initial after each statement):

1. I grant permission for all WKA Bellevue employees, instructors, assistant instructors and other staff to provide transportation, instruction, activities, and direction to my child. _____

2. I have provided WKA Bellevue with all the information requested on the previous pages including the General Information form, Waiver agreement, Health Form, Medical treatment authorization form, and Tuition agreement and understand that WKA Bellevue is not responsible for anything that may happen as a result of incomplete or incorrect information on these forms. I also understand that I am responsible to notify WKA Bellevue of any changes to contact information. _____

3. I understand that the ASP will provide after school care operating on the Bellevue School District Academic Calendar. There will be no ASP program during school breaks, holidays, closures for weather, and on any non-instructional days based on the BSD calendar. _____

4. I understand that I must notify the ASP by emailing transportation@wkabellevue.com if the child will be absent from school or otherwise does not need to be picked up from school. _____

5. I understand that my child needs to be picked up from the ASP by 6pm and signed out by a parent or authorized individual (listed on registration form) or incur a late fee is \$1/minute after 6pm. I also understand that prior notification is required for pick up of a child by a person not listed on the registration form. _____

6. I have received a copy of the Rules and Regulations of WKA Bellevue, and have read and understand the general policies of the ASP. I am aware that the WKA Bellevue reserves the right to decline enrollment for any of the following reasons: non-payment of tuition by due date, parent/guardian failure to comply with WKA Bellevue's Policies and procedures, or physical or emotional problems that are beyond reasonable accommodations.

7. I understand that the parent is responsible to notify the staff of any medical conditions, food allergies, medications, or special needs of child in writing. This should be included upon registration and in written form for any new conditions. ASP staff will not dispense any medication unless requested in writing by the parent. ASP cannot be responsible for undisclosed food brought into the facility. _____

Child's Name: _____

Parent Printed Name: _____

Parent Signature: _____

Date: _____



Washington Karate Association Bellevue After School Program (ASP)

School Year Tuition Agreement

Child's Name: _____ School: _____

*Please initial each agreement and sign at the bottom.
Return original to the WKA Instructor and keep one copy for your files.*

Please Initial

_____ A registration fee of \$100.00 is payable at the time of registration and is non-refundable.

_____ My child will attend the WKA Bellevue After School Program (*circle days of the week*):

Mon Tue Wed Thu Fri Starting Date: _____

_____ My base tuition is \$ _____ per month, payable **in advance**, on the 1st of the month.

_____ Non-refundable payment is due by the 1st of each month that the child is enrolled in the ASP. Child will not be picked up if payment is not made by the 10th of the month. Late payment fee of \$15 will apply to payments made after the 10th and a late pickup fee after 6 p.m. will also apply. Late pick up fee is \$15 within the first 15 minutes, and additional \$15 per quarter hour after that.

_____ Monthly rates are the same each month September-June.

_____ Request to cancel/change/add days must be made in writing by the 15th of the previous month. Changing or adding days is subject to availability. Tuition will not be refunded within that month following the date notification of a change was made.

_____ There is \$10.00 fee for multiple failures to inform us of unscheduled absences. Please email all schedule variations **no later than 12:00 pm the day of pickup** to Transportation@wkabellevue.com, with your name, child's name & name of school.

_____ Refunds are not given for sick days or other unscheduled absences.

I would like to enroll in auto pay. The following credit card will be charged the above amount on the 1st of each month unless I cancel/change the program in writing with at least 15 days notice.

You do not need to fill this out if you have already submitted credit card information with your pre-registration.

Visa MasterCard American Express Discover

Name on Card: _____ **Phone:** _____

Card Number: _____

Exp: ____ / ____ **CVC#** _____ **Zip Code** _____

Signature _____ **Date** _____