

“Kickin Kids” After School Program  
Club Membership Agreement  
American Kenpo Karate Studio  
220 Business Center Drive  
Reisterstown, Maryland 21136  
(410) 833-6090

**Student Name** \_\_\_\_\_

**Section I**

**Terms and Conditions**

I, as the Buyer, enter into this Agreement with American Kenpo Karate Studio (hereinafter referred to as “the Studio”), and do hereby agree, on behalf of myself, my children, and all persons who become entitled to use the facilities of the Studio by virtue of my membership as follows:

**WAIVER AND RELEASE:** I and my child(ren) fully recognize the risks of injury and/or illness inherent in participation in any fitness or martial arts program , camps and we represent to the Studio that we have taken all reasonable steps to determine, and hereby warrant, that we are in good health and physically capable of participating in the programs and courses of instruction offered by the Studio. We acknowledge that the Studio shall make no, and shall have no responsibility to make an independent evaluation of our physical health or fitness. We understand and agree that all participation in any such fitness program or use of the Studio’ facilities or equipment on or off the premises of the Studio shall be at our own risk. I authorize American Kenpo Karate Studio to transport my child to required fields trips. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as "Coronavirus", at any time or in any place. With full knowledge of the risks involved, I hereby release, waive, discharge the Organization, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19. I agree to indemnify, defend, and hold harmless the Organization from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19 or any other diseases, viruses and flues. I understand and agree that the Studio will not be held liable for injuries, damages, etc., not caused by or resulting from negligence of the owners, operators, employees or persons in charge of such establishment out of or in connection with our participation in any program or course of instruction either on or off the premises of the Studio. We understand and agree that the Studio shall not be responsible for the conduct of other users of the Studio or its facilities or equipment., or participants in the Studio’ off-premises programs, or for any injury or damage to property resulting from such conduct and we shall bring any action proceeding against the Studio for any payment compensation or claim for any injury or loss of property caused by any such user.

**LOSS/DAMAGE/THEFT OF PROPERTY:** We understand and agree that neither the Studio, nor its officers, directors, agents, instructors or employees shall be responsible for any personal property which is damaged, lost, or stolen in or around the Studio or its facilities, or any of the Studio’s off-premises events

**RULES AND REGULATIONS:** I and my child(ren) agree to abide by the rules and regulations governing the conduct and operation of the facilities. We understand that the Studio has the right to alter or amend any and all rules and regulations, including those set forth in this Membership Agreement, and we agree to abide by all such amended rules and regulations. This is a structured martial arts day camp program, this is not a day care or play center nor do we attend to be or act as one. AKKS is an open access facility come and go. Student must participate in the martial arts program /classes to attend this program. If student is unable to participate in class they will not be allowed to attend. We understand that our membership and the right to use the Studio’s facilities and programs may be suspended at any time, with or without cause.

**PHOTOGRAPHS:** We hereby authorize the Studio and its agents, successors and assigns to photograph and/or video tape me or my child(ren) and/or our voice without restriction and to utilize such photographs/videos and/or voice transcriptions for security, training and any commercial purpose, including but not limited to the promotion and marketing of the Studio, and we agree that we shall not be entitled to receive any compensation whatsoever of any kind as a result of such us.

**ABSENCE , STUDIO CLOSINGS & INCLEMENT WEATHER:** I understand the Studio will be closed for all holidays and may need to close and/or close early due to inclement weather.  
I understand that expenses continue whether or not my child is present and there are no deductions in tuition for absences. Exclusions may apply.

**ADDITIONAL COSTS:** We understand and agree that there will be special events held at the Studio, including but not limited to belt tests, tournaments, camps, parent’s night out, late fee's, etc., and these events all incur additional fees beyond the amount set forth in this Agreement. We also understand and agree that the cost of uniforms, equipment and supplies are not included in the cost set forth above, and must be purchased separately.

A late charge of \$25.00 will be assessed for any payment s 7 days past due. I understand that any account 30 days past due will be turned over to for collections and any and all fees will be applied. In addition, I understand that a \$15.00 late fee will be applied every 15 minutes after 6:00 p.m., until my child is picked up. If for any reason payments are returned as un-paid there will be a \$25.00 return fee per transaction. As well as payment not received for equipment and/or services (i.e. belt tests, tournaments, camp days) for each after school student will be directly debited from the current banking information on file. If for any reason your account becomes past due, services will then not be rendered and you will still be held to the contract agreement.

**Notice of Consumer’ Rights**

1. Our Studio registration number is E2942.
2. Our Studio is not required to carry a performance bond under regulations since we do not collect more than three months tuition in advance or an initiation fee over \$200.00.
3. You have the right to cancel this contract within three (3) business days after receipt of a copy of this contract. Cancellation must be in writing and delivered either in person or by certified or registered mail to the Studio. You are entitled to a full refund if cancellation is received within three (3) business days.
4. If you become disabled for at least three (3) months during the membership terms and that disability is confirmed in writing by a physician, you have the right to an extension and/or termination of the contract.
5. If the Studio is closed for a month or more, you are entitled to your choice of either an extension of the contract or prorated refund, except if the closing is not the fault of the facility, which case the choice remedy Studio’.
6. This Notice of Consumer’ Rights is an integral part of the Application and Contract for Membership. \_\_\_\_\_  
(initials)

I UNDERSTAND AND AGREE TO THE RULES AND REGULATION AS STATED ABOVE

Parent / Guardian Signature:\_\_\_\_\_ Date\_\_\_\_\_

## Parent/Guardian and Child's Identification Record

Child's full name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Child's preferred name: \_\_\_\_\_ Sex \_\_\_\_\_

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

Mothers/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Place Of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Camper Shirt Size: 6-8 10-12 14-16      Adult S   M   L   XL

Allergies \_\_\_\_\_

Allergic to bee stings? Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure \_\_\_\_\_ (check one)

**YOUTH CAMP HEALTH HISTORY**  
**CAMPER**

Child's Name: \_\_\_\_\_

Current residence: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Emergency Contact  
(Parent or Legal Guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact  
(Other than Parent Above): \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician or  
other provider of medical care: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH INFORMATION:**

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? ☐ NO

☐ YES, and youth camp participation was discussed with the camper's healthcare provider including considerations related to risk of COVID-19

Explain health problems and any considerations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? ☐ NO

☐ YES, Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMMUNIZATION INFORMATION:**  
**Must list current residence above.**

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication? ☐ NO

☐ YES, List: \_\_\_\_\_

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

**Kickin' Kids After School Martial Arts Program  
Club Membership Agreement**

**After School Martial Arts Program:**

Starting Date: \_\_\_/\_\_\_/\_\_\_ until Last Day Of School.

At the rate of \$\_\_\_\_\_ Weekly for \_\_\_\_\_ days per week. Payment beginning on \_\_\_/\_\_\_/\_\_\_ ,  
Payment will be automatically debited each Monday. This is a consecutive payment plan until the end of  
school year.

PAYMENT: I understand this is school year program and the total tuition of the program is arranged to be  
made in weekly installments and is not affected by my child(rens') training schedule and/or attendance.  
Weekly payments will continue through holidays, winter & spring break. I further understand that failure to  
complete training does not relieve me of my obligation to pay the tuition in full. This agreement shall be  
effective for the entire 2024-2025 school year. Any early termination requests must be received in writing 30  
days prior to my next scheduled payment. I understand that choosing to terminate this agreement before its  
completion will result in an early termination fee of \$100.00 which will be added to my final payment.

Initial registration fee is \$150.00 and includes a Free Sparring Gear set, Head, Hands and Feet gear, mouth  
piece and case, Kenpo Bag and Uniform.

The registration fee does not apply for returning students who have all their gear.

**Weekly Tuition:**

- 2 Dayweek \$70.00 weekly
- 3 Daysweek \$83.00 weekly
- 4 Daysweek \$90.00 weekly
- 5 Daysweek \$95.00 weekly

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**Buyer Information**

I authorize American Kenpo Karate Studio to debit \$\_\_\_\_\_ from my bank account  
each week on Monday until balance is paid. There is a \$35.00 fee for any returned  
payments. **PLEASE PROVIDED A VOIDED CHECK \*(please complete all information in  
full and Clearly, even if the camper is a returning camper)\***

Bank Name\_\_\_\_\_

Routing# \_\_\_\_\_

Account #\_\_\_\_\_

Name on Account\_\_\_\_\_

Driver License Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Permission to Ride Courtesy Shuttle

Students School Name: \_\_\_\_\_

Students Grade \_\_\_\_\_

I/We hereby grant permission for

(student name)

to ride to the after school program located at: **American Kenpo Karate Studio 220 Business Center Drive Reisterstown, Maryland 21136 (410) 833-6090** on the following days:

\_\_\_\_ Monday PM \_\_\_\_ Tuesday PM \_\_\_\_ Wednesday PM \_\_\_\_ Thursday PM \_\_\_\_ Friday PM

(Place a X in the Box on which days student will attend)

Date: \_\_\_\_\_

Name of Parent \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_  
(print name)

Phone Number: \_\_\_\_\_