



7480 Narcoossee Road, Suite 100A-E
Orlando, Florida 32822
(407) 826-1994
www.UPMAFC.com

2017 – 2018 After School Registration

Date of Registration: _____ Registration Fee/Deposit: _____

Student's Name: _____ Age: _____ Birth Date: _____ Boy: _____ Girl: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Parent's Name: _____ Work: _____ Cell: _____

Parent's Name: _____ Work: _____ Cell: _____

Emergency Contact: _____ Phone: _____

How did you hear about us? _____

THIS SECTION MUST BE SIGNED BY PARENT AND/OR GUARDIAN BEFORE REGISTRATION IS ACCEPTED.

I, hereby give permission to Ultimate Power Martial Arts & Fitness Center, Inc., to transport the child named above off the school property for the purpose of medical care or program activities as deemed appropriate by the Ultimate Power Martial Arts & Fitness Center, Inc. I hereby authorize the staff of Ultimate Power Martial Arts & Fitness Center, Inc., to provide for and secure treatment of all health issues that arise at the school for child named above. In the event I cannot be reached in an emergency, I give permission to the physician selected by the school staff and/or instructors to hospitalize, secure proper treatment for, and to order injection, anesthetic or surgery for the child named above. I understand that Ultimate Power Martial Arts & Fitness Center, Inc., does not provide accident/medical insurance for the child named above. Medical bills, including prescription drugs, will be the responsibility of the parent or guardian named below. I authorize Ultimate Power Martial Arts & Fitness Center, Inc. to use any of my credit cards on file to pay for medical bills and/or prescription drugs.

Rules for students are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all students will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that Ultimate Power Martial Arts & Fitness Center, Inc. reserves the right to dismiss a child from school whose special needs they are not able to provide for or whose conduct is not in the best interest of the school, without refund. I will notify the staff and/or instructors if my child has any serious restrictions related to his/her participation in the martial arts program.

I, agree to the following policies regarding before & after school program fees: Registration Fees, Deposits are non-refundable; No refunds will be given for canceling within 15 days of my child's after school program session; No refunds are given if a student is dismissed from after school program due to disciplinary action; No refunds are given if student is absent, leaves early due to homesickness or personal commitments.

A 30 day written notice is required to cancel or withdraw from the after school program.

Initials: _____

Ultimate Power Martial Arts & Fitness Center, Inc. has my permission to use photographs or video of taken of my child while at after school program for promotional purposes.

Initials: _____

I, (Parents/Guardian) have read and agree to all the conditions of this registration.

Signature of Parent/Guardian: _____

Date: _____

After School Program

School Name: _____

Grade 2017-2018: _____

Days Picking Up from School

Monday Tuesday Wednesday Thursday Friday

Additional Enrolled Programs

Little Ninja Program _____

Basic Program _____

Black Belt Program _____

Master Club _____

Tumbling (1 Day) _____

Tumbling (2 Days) _____

Hip Hop Dance (1 Day) _____

Extended Hours _____

A \$75.00 non-refundable registration fee must accompany registration.

Checks or money orders should be made payable to: **Ultimate Power Martial Arts & Fitness Center, Inc.**

Cardholder Name: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ MasterCard ___ Discover

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

One Time Charge: \$ _____ (USD)

Weekly Charge: \$ _____ (USD)

Monthly Charge: \$ _____ (USD)

I hereby authorize **ULTIMATE POWER MARTIAL ARTS & FITNESS CENTER, INC.** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this fee and/or purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Name: _____

Date: _____

Signature: _____

Student/Child Pick Up Release

I, hereby authorize Ultimate Power Martial Arts & Fitness Center, Inc., to release my child/student to be picked up and released from the school by the following adults (list all names):

1: Name: _____ Driver License #: _____

Relationship to child/student: _____

2: Name: _____ Driver License #: _____

Relationship to child/student: _____

3: Name: _____ Driver License #: _____

Relationship to child/student: _____

All after school students are required to be signed out by parent and/or authorized adult picking up the child/student.

I hereby further agree to release, indemnify and hold completely harmless Ultimate Power Martial Arts & Fitness Center, Inc., and all other entities associated with Ultimate Power Martial Arts & Fitness Center, Inc., and their members, officers, directors, agents, employees, heirs, assigns and independent contractors harmless from any and all liability and costs, including attorney fees, associated with or arising from the release of the child/student to the authorized adult.

Name: _____ Date: _____

Signature: _____

Ultimate Power Martial Arts & Fitness Center, Inc.
7480 Narcoossee Road, Suite A-E - Orlando, Florida 32822

**RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT IN FAVOR OF
ULTIMATE POWER MARTIAL ARTS & FITNESS CENTER, INC.**

I understand that there are risks and dangers in participating in martial arts activities and that in order to participate, in any such activities, including but not limited to Tae Kwon Do, Martial Arts, Tumbling, Cheer, Zumba®, Yoga, Kickboxing, Dancing, Blitz-Fit and other martial arts classes/training, including classes/training involving the use of martial arts weapons, I must give up my rights to hold Ultimate Power Martial Arts & Fitness Center, Inc. and any other entity or charity associated with Ultimate Power Martial Arts & Fitness Center, Inc., responsible or liable for any damage that I may suffer while participating in such classes/training provided by Ultimate Power Martial Arts & Fitness Center, Inc., waiting at or on Ultimate Power Martial Arts & Fitness Center, Inc. premises to participate in such classes/training, walking through the premises at Ultimate Power Martial Arts & Fitness Center, Inc. prior to or after such classes. Knowing this and in consideration for being permitted to participate in martial arts classes/training with Ultimate Power Martial Arts & Fitness Center, Inc., I hereby voluntarily forever release, discharge and hold completely harmless Ultimate Power Martial Arts & Fitness Center, Inc., and all other entities or charities associated with Ultimate Power Martial Arts & Fitness Center, Inc., and their members, offices, directors, agents, employees, heirs, assigns and independent contractors from any and all responsibility for, or liability resulting from or arising from, my participating in martial arts classes/training at Ultimate Power Martial Arts & Fitness Center, Inc., and being on the premises at Ultimate Power Martial Arts & Fitness Center, Inc.

I understand that the martial arts classes provided at Ultimate Power Martial Arts & Fitness Center, Inc. may include, but will not be limited to, activities such as kicking, punching, hitting, stretching, twisting, jabbing, lunging, rolling, falling, jumping, yelling, running, stunting, tumbling, hand locks and the use of various martial arts weapons and equipment. I realize that these activities, as well as all other martial arts activities, can be dangerous, but I am voluntarily choosing to participate in some or all of these activities and agree to assume the risk associated with my participation therein. I understand that I am assuming full responsibility for any and all risks of death, personal injury, emotional pain and suffering, property damage and economic loss that might be suffered by me as a result of my participation in martial arts classes at Ultimate Power Martial Arts & Fitness Center, Inc. I agree that this release shall bind me, my spouse, my heirs, my personal representative(s), my assigns, my children and their agents.

I hereby further agree to release, indemnify and hold completely harmless Ultimate Power Martial Arts & Fitness Center, Inc., and all other entities associated with Ultimate Power Martial Arts & Fitness Center, Inc., and their members, officers, directors, agents, employees, heirs, assigns and independent contractors harmless from any and all liability and costs, including attorney fees, associated with or arising from my participating in martial arts classes/training at Ultimate Power Martial Arts & Fitness Center, Inc., waiting at or on Ultimate Power Martial Arts & Fitness Center, Inc. premises to participate in such classes/training, and walking through the premises at Ultimate Power Martial Arts & Fitness Center, Inc. prior to or after such classes/training.

I understand that if I were to file a law suit against Ultimate Power Martial Arts & Fitness Center, Inc., or any other entity associated with Ultimate Power Martial Arts & Fitness Center, Inc. and/or their members, officers, directors, agents, employees, heirs, assigns and independent contractors, as a result of any personal injury including death, emotional pain and suffering, property damage or economic loss suffered by me as a result of my participation in martial arts classes/training at Ultimate Power Martial Arts & Fitness Center, Inc., waiting at or on Ultimate Power Martial Arts & Fitness Center, Inc. premises to participate in such classes/training, and walking through the premises at Ultimate Power Martial Arts & Fitness Center, Inc. prior to or after such classes/training, that this release would bar the lawsuit and the court would dismiss it on the grounds that by signing this release, I have expressly assumed all the risks associated with participation in such activities, including but not limited to negligence on the part of the martial arts, tumbling, cheer, fitness and dance instructors in the performance of their duties, negligence by other members of Ultimate Power Martial Arts & Fitness Center, Inc., negligence in the operation of machinery or equipment, and/or premises liability.

If I am signing this release on behalf of a minor child, I understand that I am giving up the same rights for the said minor as if I signed this release on my own behalf. I have read this agreement and understand the words and language in it and I am advised of all potential dangers incidental to participation in martial arts classes/training at Ultimate Power Martial Arts & Fitness Center, Inc., including all travel to and from.

I agree that this is a document consisting of a total of one page and that I have been presented, have read and understood the contents contained herein and the rights that I am giving up by signing below where indicated.

Name: _____ Name of Student: _____

Signature: _____ Date: _____

Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
			Sex
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, State, ZIP Code	City, State, ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, State, ZIP Code	City, State, ZIP Code		

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I, authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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I, give permission for my child to be transported from school and/or go on field trips and any and all events outside of Ultimate Power Martial Arts & Fitness Center, Inc. premises. I hereby release Ultimate Power Martial Arts & Fitness Center, Inc., officers, directors, employees, instructors, coaches, staff members and volunteers from any and all liability in case of accident during transportation or activities related to Ultimate Power Martial Arts & Fitness Center, Inc., as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
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Witness Signature	Date
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