



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

## Tumbling 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: \_\_\_\_\_

Insurance Carrier and Policy #: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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

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 tumbling program.

I agree to the following policies regarding tumbling program fees: **Deposits & Registration fees are non-refundable.** No refunds are given if a student is dismissed from tumbling program due to disciplinary action; No refunds are given if student leaves early due to homesickness or personal commitments; No makeup classes if you miss your class. If the gym cancels for any reason, there will be a make-up class for that missed class. The gym is closed for National Holidays. **This is a 6 month commitment and no cancellations or changes will be allowed during the 6 month period. After the six month period A 30 Day Written Notice will be required to cancel or withdraw from the tumbling program.** Initials: \_\_\_\_\_

Ultimate Power Martial Arts & Fitness Center, Inc., has my permission to use photographs or video taken of my child while at tumbling school program for all promotional purposes; including flyers, website, postcards, Facebook, Twitter, and YouTube. Initials: \_\_\_\_\_

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

Signature of parent(s)/guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

**A 50.00 non-refundable yearly registration fee will be charged**

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)

Yearly Membership Charge: \$ \_\_\_\_\_ (USD)

Ongoing 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: \_\_\_\_\_

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, 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, Cardio Kickboxing, Insanity, Dancing, and other fitness or 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, 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 representatives, my assigns, my children and my 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, Zumba®, Yoga, Cardio Kickboxing, Insanity 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 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

|                                |                                |                  |                  |   |
|--------------------------------|--------------------------------|------------------|------------------|---|
| <hr/> Child's Name             | <hr/> Date of Birth            |                  | M                | F |
|                                |                                |                  | Sex              |   |
| <hr/> Parent's/Guardian's Name | <hr/> Parent's/Guardian's Name |                  |                  |   |
| ( )                            | ( )                            | ( )              | ( )              |   |
| <hr/> Home Phone               | <hr/> Work Phone               | <hr/> Home Phone | <hr/> Work Phone |   |
| <hr/> Address                  | <hr/> Address                  |                  |                  |   |
| <hr/> City, ST, ZIP Code       | <hr/> City, ST, ZIP Code       |                  |                  |   |

## Alternative Emergency Contacts

|                                 |                                   |                  |                  |
|---------------------------------|-----------------------------------|------------------|------------------|
| <hr/> Primary Emergency Contact | <hr/> Secondary Emergency Contact |                  |                  |
| ( )                             | ( )                               |                  |                  |
| <hr/> Home Phone                | <hr/> Work Phone                  | <hr/> Home Phone | <hr/> Work Phone |
| <hr/> Address                   | <hr/> Address                     |                  |                  |
| <hr/> City, ST, ZIP Code        | <hr/> City, ST, ZIP Code          |                  |                  |

## Medical Information

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Hospital/Clinic Preference

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|                   |               |
|-------------------|---------------|
| 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.

|                                     |            |
|-------------------------------------|------------|
| <hr/> Parent's/Guardian's Signature | <hr/> Date |
|-------------------------------------|------------|

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

|                                     |            |
|-------------------------------------|------------|
| <hr/> Parent's/Guardian's Signature | <hr/> Date |
|-------------------------------------|------------|

|                         |            |
|-------------------------|------------|
| <hr/> Witness Signature | <hr/> Date |
|-------------------------|------------|

# PHOTOGRAPHY WAIVER AND RELEASE FORM

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We at the Ultimate Power Martial Arts & Fitness Center, Inc., collect individual and group photos and testimonials relating to our volunteers, supporters and activities. We use these photographs, videos, profiles and stories for various purposes, such as promotional, advertising, commercial, educational, research and archival purposes.

*We ask for permission to use your photo, profile and/or story in promotional material to promote our projects and programs.*

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I, (Parent/Guardian of) \_\_\_\_\_, agree that Ultimate Power Martial Arts & Fitness Center, Inc., may use any image, photograph, voice or likeness, in its promotional materials and publicity efforts without additional compensation. I understand that these photographs, images, video or audio may be retouched or enhanced and may further be used in publications, print ads, electronic media (e.g., video, CD, Internet, website), or other media now known or hereafter created, anywhere in the world. I further understand that by participating in the photography or filming, I release the Ultimate Power Martial Arts & Fitness Center, Inc., and its representatives, licensees, employees, photographers, and their designees from any and all liability for any violation of any privacy or proprietary rights.

I, further agree to the inclusion of my name(s).

Yes [ ]

No [ ]

\_\_\_\_\_  
Printed Name:

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

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Parent/Guardian signature (if under 18)

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

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