



VICTORY MARTIAL ARTS, INC.

2016 - 2017 AFTER SCHOOL PROGRAM

Victory Martial Arts provides an after school Taekwondo program that is a great alternative to traditional day care. We have been in the same community for over 20 years. We know the families here and the teachers at the local schools. At VMA, we only hire people that are a part of our studio and our neighborhood. This keeps the caring family approach in order! Master Kurt stays in touch with the children's teachers during the school year with our Howard County Education Partnership we have had for the last 15 years.

We provide transportation from your child's school to ours, even when there is an early dismissal. Your children will train everyday in the art of Taekwondo and also have time for homework. There are martial arts outings on early dismissal days so your children do not have to stay at the center for hours! This awesome and exciting program is for friends, families and neighbors of VMA. Just think about it, you get the after care you need and the martial arts training all in one! No more rushing home to pick them up from daycare to get them to Taekwondo class on time! This will mean more quality time with your children in the evenings.

The costs and times are as follows: Pick up by 6:00pm (no late charges if you call in advance)

First Child= \$100.00 per week ... Second Child+ = \$70.00 (each) per week

PLEASE RETURN THIS SHEET WITH THE FOLLOWING INFORMATION.

CHILDREN'S NAME: _____ AGE: _____ GRADE: _____

SCHOOL NAME: _____ TEACHER'S NAME: _____

SCHOOL PHONE: _____ DISMISSAL TIME: _____

PARENT'S NAME: _____ E-MAIL ADDRESS: _____

HOME ADDRESS: _____ HOME NUMBER: _____

EMERGENCY NUMBER: _____

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

As legal guardian of _____ I hereby consent to the aforementioned person participating in Victory Martial Arts, Inc's program. I recognize the potentially severe injuries which may occur in martial arts or any activity involving any physical abilities. I understand that it is the express intent of VMA to provide for the safety and protection of my child and in consideration for allowing my child to use the facilities; I hereby forever release VMA, Inc., Master Kurt Shryock, employees and other staff members from all liabilities for any and all damages and injuries, while under the instruction, supervision or control of VMA, Inc. or its employees. As legal guardian of the aforementioned person, I hereby agree to individually provide the possible future medical expenses, which may be incurred by my child as a result of any injury sustained while training or performing for VMA, Inc. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

PERMISSION TO TREAT

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child, should sickness or accident occur in my absence.

PARENT/LEGAL GUARDIAN NAME

SIGNATURE/DATE