



210.695.8776  
11626 Rainbow Ridge, Suite 103  
Helotes, TX 78023

2024-2025 After School Program Registration

Name of School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Emergency Contact (if different from above): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please list any food allergies/medical issues: \_\_\_\_\_

Full Time After School Program  
Monday -Friday  
\$405 per month (\$395 before 4/30)

Registration fee: \$60  
Early Release Days included in pricing.  
Uniform purchase required (1/2 price to \$37.84 incl tax)

Total amount due: \$ \_\_\_\_\_ Name on CC: \_\_\_\_\_

CC#: \_\_\_\_\_ EXP: \_\_\_\_\_ SEC CODE: \_\_\_\_\_

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

"I recognize my signature above indicates permission to automatically charge my card monthly for all fees associated with the program, and that written notice, 30 days prior to the next billing cycle, is required to withdraw." \_\_\_\_\_ Initials

Date: \_\_\_\_\_ Locker# \_\_\_\_\_ Combination# \_\_\_\_\_

"I recognize martial arts does involve a risk of harm or injury; therefore, I agree to hold Retro Sport Karate, its instructors, and representatives, harmless from any injury I/my child may incur during my/my child's training here. I have read, and agree to abide by, the policies and procedures, as well as dress code, for Retro Sport Karate. I understand that failure to do so may result in dismissal from the program without refund." \_\_\_\_\_ Initials