

VICTORY MARTIAL ARTS, INC.

2025 - 2026 AFTER SCHOOL PROGRAM

Victory Martial Arts (VMA) provides transportation from the student's school to our dojang in accordance with the Howard County Public School calendar system. It is the parent's responsibility to inform the student's school that Victory Martial Arts has permission to pick-up the child from school daily.

Students will train everyday in the art of Taekwondo and have time for homework. Snacks are available but we encourage parents to provide snacks of their own.

Students must be picked-up by 6:00 PM. Make sure to contact VMA ahead of time if you will be late. Otherwise, you will be charged an extra fee. Please communicate if any changes will be made to the person that will be picking up the child from the dojang.

VMA must receive a notification at least 1 hour in advance from the student's school dismissal time if they will not be picked-up. Otherwise, you will be charged an **extra \$10 for each time a notification is not received**.

Each student is required to bring a complete uniform to participate in martial arts instruction. Students will have space available to store their uniform and sparring gear (if a yellow belt or higher).

Our payment plan consists of 19 payments processed every 5th and 20th until June 5th for the full 42 weeks of the school year.

Prices are as listed:

1 Student	Registration	\$200	Weekly Tuition	\$120	Payment Plan	\$265
2 Students	Registration	\$300	Weekly Tuition	\$205	Payment Plan	\$453
3 Students	Registration	\$400	Weekly Tuition	\$270	Payment Plan	\$596
4 Students	Registration	\$450	Weekly Tuition	\$335	Payment Plan	\$740

Before school starts, you have the opportunity of opting-in to our Half Day Plan that covers all of the half days during the school year. These plans break down the cost to \$25/day and will be charged on the first day of school. Otherwise, an additional \$35/day will be charged per half-day on the day of.

Plans are as listed:

Elementary School Students	13 Half Days	\$325
Middle School Students	13 Half Days	\$325
High School Students	13 Half Days	\$325

Member Information

Child's Name: _____
School Name: _____
Child's Age: _____ Grade: _____
Teacher's Name: _____
School Phone: _____ Dismissal Time: _____

Membership Information

Parent's Name: _____
Home Address: _____

Home Phone: _____ Cell Phone: _____
Email Address: _____

Membership Plan

☐ Elementary School Half Day Plan ☐ \$35/Half Day ☐ Middle School Half Day Plan

Payment Schedule

Number of Payments _____ x Cost Per Payment _____ = _____
Half Day Plan Payment _____ + _____
Registration _____ + _____
Total Amount Due _____ = _____
Payments are due on the 5th and 20th of each month beginning on _____

Emergency Contacts

Contact Name: _____ Relationship to Student: _____
Cell Phone: _____ Work Phone: _____

Contact Name: _____ Relationship to Student: _____
Cell Phone: _____ Work Phone: _____

Acknowledgement of Risk and Waiver of Liability

As legal guardian of _____, I hereby consent to the mentioned person participating in Victory Martial Arts, Inc's program. 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 damages and injuries, while under the instruction, supervisions, or control of VMA, Inc. or its employees. As legal guardian of the mentioned 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 acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to this content and intent. PERMISSION TO TREAT: I hereby give my permission to a trained medical professional to administer emergency medical treatment to my child, should sickness or accident occur in my absence.

Parents/ Legal Guardian Signature

Date



Victory Martial Arts

2025 - 2026 Transportation

Form

To the staff at _____,

**As a parent/guardian of _____, I
grant permission for the mentioned person to travel
from school daily with Victory Martial Arts After
School Program Staff to attend their dojang. You can
contact the dojang at 410-799-5566 if you have any
questions.**

Thank you,

Parent/Guardian's Name Printed: _____

Parent/Guardian's Signature: _____

Cell Phone: _____

Email: _____

Date: _____