## 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:

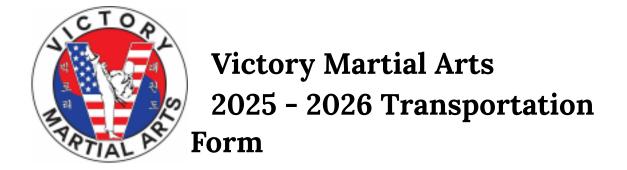
1 Student	Registration	\$200	Weekly Tuition	\$120	Payment Plan	\$265
2 Students	Registration	\$300	Weekly Tuition	\$205	Payment Plan	\$453
3 Students	Registration	\$400	Weekly Tuition	\$270	Payment Plan	\$596
4 Students	Registration	\$450	Weekly Tuition	\$335	Payment Plan	\$740

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

<u>Member Information</u>			
Child's Name:			
School Name:			
Child's Age:	Grade:		
Teacher's Name:			
School Phone: Dismissal Time:			
<b>Membership Information</b>			
_			
Home Address:			
Home Phone:	Cell Phone:		
Membership Plan			
□ Elementary School Half Day Pl	an S35/Half Day Middle School	l 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	l 20th of each month beginning on		
<b>Emergency Contacts</b>			
Contact Name:	Relationship to Student	:	
Cell Phone:	Work Phone:		
Contact Name:	Relationship to Student	:	
	Work Phone:		
Acknowledgement of Risk a	nd Waiver of Liability		
person participating in Victory Mintent of VMA to provide for the allowing my child to use the facil employees, and other staff members under the instruction, supervision of the mentioned person, I herebexpenses, which may be incurred performing for VMA, Inc. This aread thoroughly and understood PERMISSION TO TREAT: I here	, I herekartial Arts, Inc's program. I unders safety and protection of my child at lities; I hereby forever release VMA pers from all liabilities for any dama ons, or control of VMA, Inc. or its end by agree to individually provide the diby my child as a result of any injunct and waived completely, is signed voluntarily as eby give my permission to a trained reatment to my child, should sickness.	stand that it is the express and in consideration for , Inc., Master Kurt Shryock, ages and injuries, while mployees. As legal guardian possible future medical ry sustained while training or of liability, having been as to this content and intent. medical professional to	
Parents/ Legal Guardian Sig	gnature Date	<u> </u>	



To the staff at	
As a parent/guardian of grant permission for the mentioned perform school daily with Victory Martial School Program Staff to attend their decontact the dojang at 410-799-5566 if y questions.	erson to travel Arts After ojang. You can
Thank you,	
Parent/Guardian's Name Printed:	
Parent/Guardian's Signature:	
Cell Phone:	
Email:	
Date:	