



## AFTER SCHOOL KARATE PROGRAM REGISTRATION

**Dear Working Parent,**

As parents, we know how difficult it is to find a quality after-school program. Most programs are little more than glorified babysitting services with no structured plan to improve your child's health, self-esteem, behavior, confidence, focus, manners, leadership skills or self-discipline.

Worry no more—your child can enjoy a fun, safe, structured, top-quality Martial Arts program at the Baltimore Martial Arts Academy!

At our After-School Program your child will get into great shape physically and learn valuable self-defense skills. But that's just the beginning.

**Your child will also develop:**

- **Better manners**
- **Self-discipline**
- **Goal-setting skills**
- **Time-management skills**
- **Leadership skills**
- **Study skills**
- **Improved behavior**
- **Concentration and focus**
- **More respect**
- **Reduced stress and anxiety**

**HOURS:** Dismissal time until 6:00PM

**COST:** \$75/Week + \$100 Registration  
Uniform Included

**PHONE:** 410-465-7799

**WEB:** [www.baltimoremartialarts.com](http://www.baltimoremartialarts.com)

**EMAIL:** [baltimoremartialarts@yahoo.com](mailto:baltimoremartialarts@yahoo.com)

# \$75.00 PER WEEK

**BALTIMORE MARTIAL ARTS ACADEMY  
8450 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MD 21043  
TEL: (410) 465-7799**

# **HOLIDAY SCHEDULE INCLEMENT WEATHER POLICY**

## **HOLIDAY SCHEDULE**

The after school Program will be closed on all federal holidays, as well Thanksgiving & Christmas Holidays. The specific days will follow those of the Howard County Public Schools.

## **SPRING SCHEDULE**

Due to the various schedules of spring break, our policy shall be that if your school is in session, we will follow a normal schedule. Please notify us if your particular school spring break schedule follows a different schedule than the Howard County Public Schools.

## **INCLEMENT WEATHER SCHEDULE**

The after school program will be closed in the event that the public school systems close for the day or close early due to inclement weather. If school is opening late there will be normal after school programming. If your particular school is not opening with Howard County Public Schools, please notify us immediately so we do not attempt to pick up children from closed schools. Feel free to contact us should you have any questions during inclement weather.

## **OTHER DAYS OFF**

Days off during the school year will be considered days off from our after school martial arts program. We are an after school martial arts program; therefore if schools are closed we are closed. Weekly tuition will not be reduced in the event of days off due to teacher in-service days, voting, etc.

## **IF YOUR CHILD WILL NOT BE IN ATTENDANCE**

If your child will be absent from school you must call us at least one hour before their pick-up time so we are not looking to pick them up at their schools. Leave a message if no one answers the phone. To insure safe and timely pick-up for all children, **there is a \$5 transportation charge for each unreported absence.**

If your child misses time in our after school program due to your personal choices you will still owe tuition for that time. Tuition paid for the after school program will not be refunded or credited towards other programs such as summer camp or regular martial arts classes.

By signing below you understand the above guidelines and agree to comply with the payment policies and scheduling procedures. You understand and agree that the Baltimore Martial Arts After School Karate Program is an after school program and the hours are set to follow regularly scheduled school times only.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# PAYMENT POLICIES

- First weekly payment of \$75 + \$100 registration fee, is to be paid to the Baltimore Martial Arts Academy. This payment can be mailed in the form of a check or money order, or processed at our location via cash or credit card.
- Tuition is to be paid weekly in advance for each week of attendance. Payments are to be made via electronic debit through a checking account, savings account or credit card. There is an additional charge of \$4/week for credit card processing. Auto debiting is processed through our billing company Members Solutions (888-277-4408). Please make sure you complete the Member Enrollment & Payment Processing Form at the end of this registration.
- **Pick-up is no later than 6:00 pm. A fee of \$20.00 per 15 minutes tardiness shall be assessed for all late pickups. Please be on time.**
- Tuition is due regardless of the reason for your child's absence from our program. If your child will be absent for an extended period of time (more than 4 days) due to illness or injury we will waive tuition until their return. We will require a doctor's note describing the illness or injury. Abuse of this policy will result in termination from our program.

# STUDENT CODE OF CONDUCT

The following represents an outline of acceptable behavior while part of our program. This code of conduct is subject to change, and may be modified at the sole and exclusive discretion of the Baltimore Martial Arts Academy. Reasonable notice shall be granted whenever possible. However, in some instances, immediate policies may need to be enacted whereby no notice is practical. As a policy, we intend to deliver pertinent information regarding any change of these rules and regulations in writing to all parents,

## RULES AND REGULATIONS

1. Students, upon entering the school, shall conduct themselves as if they were in a library setting. No horseplay or other rowdy disruptive behavior will be permitted.
2. No foul or other inferior language will be tolerated.
3. **Students are at all times to follow the direction and instruction of the program director or martial arts instructor while under our guidance.**
4. Students are to use the coat hooks & assigned lockers for storage of their belongings while in the program.
5. Baltimore Martial Arts Academy assumes no responsibility for lost or misplaced items.
6. Acts of dishonesty, deception, deceit, or other improper behavior shall result in immediate termination from the program without refund. This is a zero-tolerance policy.
7. Absolutely no visitors. Students may not bring buddies along with them to “hang out” while in our program. Furthermore, students may not have friends call upon them while in our program. Visitors will not be allowed in the facility at any time during program hours.
8. Students may not leave the program early without the expressed written or verbal consent of the parent. Parents must provide written notice if someone other than the authorized parent is picking up the child from the program.
9. Students are not to leave the school premises during the after school program.
10. Baltimore Martial Arts may have beverages &/or snacks for sale. Credit is not extended to students.
11. When homework is completed, each student is to remain quiet until martial arts class begins.
12. **Students are to conduct themselves with control and discipline at all times while in the building. This includes showing proper and expected respect to masters, instructors, and adults.**
13. When riding in the school vehicle students are expected to buckle their seat belts sit quietly for the duration of the ride. Any actions, verbal or otherwise that are deemed inappropriate while riding in the school vehicle may result in immediate expulsion from transportation privileges.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT OR GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**RELEASE FOR EMERGENCY CARE**  
**THIS FORM MUST CONTAIN ONLY ONE CHILD'S NAME**

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child \_\_\_\_\_ in the event of an emergency at which time I cannot be reached.

I give consent to transport by ambulance if situation warrants it.

\_\_\_\_\_  
Family Physician's Name/Health Care Resource

\_\_\_\_\_  
Telephone Number

Allergies: \_\_\_\_\_

Date of Last DPT or Tetanus: \_\_\_\_\_

Insurance Company Covering Child: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Custodial Parent/Legal Guardian

\_\_\_\_\_  
Date

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Emergency Contact

\_\_\_\_\_  
Name

\_\_\_\_\_  
Area Code, Telephone Number

\_\_\_\_\_  
Street Address (number, apartment, street)

\_\_\_\_\_  
City, State, Zip

State of \_\_\_\_\_  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

By \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

Signed: \_\_\_\_\_

\_\_\_\_\_  
Name- typed, printed or stamped

\_\_\_\_\_  
Title or Rank

# Parent and Child's Identification Record

Elementary School Attending: \_\_\_\_\_

Child's Full Legal Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's Preferred Name \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Who Has Legal Custody? \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Mothers Name \_\_\_\_\_ Telephone \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Fathers Name \_\_\_\_\_ Telephone \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Place Of Employment \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Other Household Members: Adults \_\_\_\_\_

Children nnd Ages \_\_\_\_\_

The child will be released only to person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following people are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address, Apartment City State Zip

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address, Apartment City State Zip

Child's Physician/Health Resource \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Has Child Had: Surgery \_\_\_\_\_ Serious Illness/Accident \_\_\_\_\_ Burns \_\_\_\_\_

Allergies \_\_\_\_\_ Convulsions \_\_\_\_\_ Other \_\_\_\_\_

List all identifying scars, birthmarks, skin discolorations \_\_\_\_\_

Special needs of child \_\_\_\_\_

Child's habits, fears, etc. \_\_\_\_\_

Previous preschool or group experiences (include dates) \_\_\_\_\_

I give permission to consult the child's physician resource listed above in case of emergency if I/we cannot be reached \_\_\_\_\_

Signature of Custodial Parent or Legal Guardian

# Permission to Ride Form

I/We hereby grant permission for \_\_\_\_\_

To ride to the after school program located at the Baltimore Martial Arts Academy on the following days:

Monday       Tuesday       Wednesday       Thursday       Friday

1. I authorize after school program representatives to obtain medical treatment for my child in case of serious illness or injury and agree to pay for such treatment.
2. I understand that the certified after school program employee who usually dispenses medications may or may not be present during this program. Medications will be dispensed by a responsible staff member.
3. I have documented below all precautions and instructions regarding my child's medication. I have noted any special health-related conditions or allergies regarding my child.

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Alternate Emergency Contact

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone



## **AFTER SCHOOL MARTIAL ARTS** **DAILY SCHEDULE**

- 2:50 to 3:55 Baltimore Martial Arts Academy vehicle(s) pick up students and bring them to our school.
- Arrival to 4:00 Students change clothes and eat snacks
- 4:00 to 4:30 Games and Physical Activity  
Students have the option of doing homework instead.  
Bathroom, Prepare for Class, Quiet Activity, Stories,
- 4:30 to 5:20 Martial Arts Class
- 5:30 to 6:00 Parents begin to pick-up children between 5:30 and 6:00
- Homework time, or Structured Quiet Activity Word Games, writing, art, etc.

After 6:00 there is a late charge for children not picked-up.

### **Wear School T-shirts on Friday, Fun Day**

Roll-over to all-day [summer camp](#) (7:30am-6:00pm) when the school year is over

HALF DAY SCHOOL CLOSINGS **NO EXTRA FEE**  
**EVERY DAY PLEASE PACK...**  
**SNACK, DRINK, KARATE UNIFORM AND BELT.**

## **Space is limited, so register Now!**





## ADDITIONAL TERMS AND CONDITIONS

This Agreement is made by and between the Baltimore Martial Arts Academy (“Business”) located at 8450 Baltimore National Pike, Ellicott City MD 21043 and \_\_\_\_\_ (Child - “Member”) and Member’s parent or legal guardian \_\_\_\_\_ (Parent/Guardian - “Buyer”) for the purpose of providing Martial Arts Instruction in the After School Karate Program.

1. **MEMBER FITNESS.** By signing this agreement, Buyer represents, warrants and ensures that he has had an opportunity to have the program explained and or an opportunity to observe the programs offered by the Business and that his or her child is physically and mentally able to take classes offered by the Business in that program and/or any others in which the Member may participate. Buyer understands that this membership is non-transferable.
2. **UNAVAILABILITY.** If the Business’ facilities are unavailable for use for a period in excess of 7 consecutive days, the Member’s program will be extended for a period of time equal to the time of unavailability, but no refund or credit will be due the Member. Upon notice to the Business, the Member may cancel this agreement if the Business’ facilities are unavailable for more than 7 consecutive days. Within 30 days of receipt of such notice, the Business shall refund to the Member the unused pro-rata portion of the contract (cash) price, excluding any initiation fee, paid by the Member. Notwithstanding the foregoing, the Business may close its facility on holidays, for a period not exceeding three weeks per year for necessary maintenance and other purposes without affecting scheduled payments.
3. **LIABILITY WAIVER AND RELEASE.** The Member understands and agrees that strict observation of the Business’ rules and regulations and the rules and regulations relative to the service or instruction provided, including the use of protective equipment, is required. The Member understands and agrees that the use of the Business’ facilities and the Member’s presence at the Business’ facility are at the sole risk of the Member. The Member understands and agrees that the services or instruction provided may involve skills and training which include violent and sudden movements and that in connection with the training and instruction, there may be physical contact between instructors and Members and between and among the Members and that such contact may result in personal injury to the Member, despite precautions taken to avoid such injuries. **Member hereby consents to engage in such contact as may be necessary or required by Member’s participation.** Member, on behalf of him/herself and anyone claiming by or through the Member, hereby holds harmless, releases and forever discharges MSI, its officers, directors, employees, agents, and representatives and the Business and its instructors, agents, employees, operators and authorized representatives from any liability, claim, loss, including loss of property, damage, personal injury, or expense incurred by the Member and arising from the Member’s execution of this agreement, payment processing, participation in any program offered by the negligence or willful misconduct of MSI, the Business, its instructors, Members, agents, employees, operators, or authorized representatives. **The Member specifically understands and agrees that he/she is assuming the risk of any and all injuries that he/she may suffer or incur as a result of his/her execution of this agreement and participation in any program offered by the Business.**
4. **PARENT/GUARDIAN CONSENT.** Buyer, as parent or legal guardian of Member, does hereby expressly stipulate and agree in consideration of the undersigned minor being able to engage in, learn and/or participate in martial arts and the After School Karate Program, to indemnify and hold forever harmless the Business all of its instructors, officers, directors, employees, servants, agents and members, their respective personal representatives, successors and assigns, from any and all liability as above set forth.
5. **CLASSES.** Scheduling and content of classes and programs, furnishing of facilities and provision of instructors to teach and supervise classes and practice sessions are at the sole and absolute discretion of the Business and may be changed at any time by Business. By signing this agreement, the Member receives membership at a greatly reduced price. Member understands and agrees that additional fees such as examination and/or testing fees may not be included in the price of this agreement. The Business may raise the tuition rate of ongoing memberships by providing advance notice equal to the notice period required for cancellation stated herein.
6. **SIGNATORIES.** Any person(s) signing this agreement, whether as a Member, co-signer or otherwise shall be jointly, severally and individually liable to Business and MSI for the full contract price as if such person signs as the Member. All persons signing this agreement assume responsibility for all costs of collection, including but not limited to collection agency fees, court costs, attorney’s fees, and late charges that may be incurred in the event of a default. Any person(s) signing this agreement authorizes the use of a disclosed e-mail address for billing and marketing purposes and acknowledges that e-mail text may include financial information pertaining to membership.
7. **COMPLIANCE WITH LAWS.** This agreement shall be governed by the laws of the State in which Business is located. All rights and obligations of the Business and Member under this agreement are subject to all applicable federal, state and local laws and regulations. To the extent that terms and conditions of this agreement conflict with any applicable statute, rule or regulation in effect at the time of execution of this agreement governing transactions of the type contained herein, the agreement shall be deemed revised to conform with such statutes, rules and regulations. The Business and Member shall be bound by the modified agreement and agree that no other modifications shall be enforceable unless in writing and signed by the parties. This agreement constitutes the entire agreement between the parties and supersedes all prior agreements between the parties, whether written or oral. The invalidity or unenforceability of any provision hereof shall not affect the validity or enforceability of any other provision. The waiver of any breach shall not constitute a waiver of any subsequent breach of this agreement.
8. **ACCEPTANCE OF MEMBER.** By signing this agreement, Member agrees to fully and completely comply with all terms and conditions hereof and the Business’ rules and regulations. Failure to comply with the Business’ rules and regulations is ground for immediate suspension or termination of services to the Member. Suspension or termination shall not entitle the Member to a refund or credit for any amounts already paid or cancel any unpaid balance due. The failure or inability of Member to use the facilities, classes or services of the Business for any reason, except as otherwise provided herein does not relieve or suspend the Member’s obligation to make all payments required under this agreement on a timely basis, nor entitle the Member to a refund or credit. The Business and those acting under its authority reserve the right to use photographs, videotapes, artwork or other likenesses of the Member for marketing, trade, publishing or any other lawful purpose. Member understands and agrees that full payment of tuition is not a guarantee or promise of advancement.

9. DEATH OR DISABILITY. If Member becomes disabled, the Member may extend the term of the agreement, at no additional cost, by written notice to MSI and Business, for a period of time equal to the duration of the Member's short-term disability, verified by a physician, which precludes the Member from using any of Business' facilities for a period of less than six (6) consecutive months. The Member or his/her legal representative may cancel the agreement if the Member dies or becomes permanently disabled. Permanent disability is a disability, verified by a physician, which precludes the Member from using any of Business' facilities for a period in excess of six (6) months.
10. RELOCATION. Upon notice to MSI and Business and satisfactory proof of relocation, Member may cancel the agreement if Member or Business moves more than 25 miles from Business' current location.
11. CANCELLATION. This agreement may be cancelled by Member for any reason without penalty or further obligation within 3 days from the date hereof (the "Right to Cancel"). Cancellation shall be made in writing and mailed to MSI and within 7 days of the exercise of the Right to Cancel, except that Business may retain expenses actually incurred and the portion of the total price representing the services used and completed based on an hourly rate of \$10/hour. Payments made at the time of enrollment or execution of this agreement are non-refundable after 3 days. The Member understands that after the Right to Cancel expires, except as specifically provided herein, this agreement may not be canceled, and all payments through the end of the agreement shall be due and payable as provided herein. To cancel this agreement pursuant to any right contained herein, the Member shall submit, to MSI and Business, a completed MSI Cancellation Form, which can be obtained from the Business, by certified mail return receipt requested, or by personal delivery to the address specified in this agreement for MSI and Business. Within 30 days of receipt of the Cancellation Form, any money to be refunded to the Member shall be paid by the Business and any automatic transfer shall be canceled. If the Member has executed a credit, lien or automatic funds transfer agreement to pay for services, any such agreement executed by the Member shall be destroyed. Failure to utilize the services or instruction provided by Business does not constitute or imply notification to or cancellation of this agreement. Membership is cancelled when all payments due within the specified notification period have been received. If a notification period is not specified, 30 days notice is implied. Member retains membership rights and privileges until the notice period expires.
12. DEFAULT. Non-payment of scheduled weekly payments in excess of 10 days shall constitute default under this agreement. If this agreement is in default, the entire amount owed hereunder shall become immediately due and payable, litigation may be initiated to collect all amounts due or the account referred to collection. In the event of default in payment or breach of this agreement, MSI and/or Business shall be entitled to recover their reasonable attorneys fees, court costs, and, if applicable, interest on any past due amount at the rate of 1.5% per month and a collection fee equal to 20% as a collection fee and not a penalty, to collect any past due amounts or cure any breach.
13. CONSUMER NOTIFICATION. MSI is an authorized agent to bill and collect Member tuition on behalf of the Business. MSI is a billing company not a collection agency or finance company. However, MSI may refer an account to a collection agency or attorney's office for debt collection and/or credit reporting.

#### NOTICE OF CONSUMER RIGHTS FOR BOND EXEMPT BUSINESSES

1. Our business' registration number with the State's Consumer Protection Division is E3527.
2. We are not required to carry a performance bond under the Maryland Health Club Services law because we do not accept more than three month's payment in advance or charge initiation fees over \$200.
3. If the Baltimore Martial Arts Academy is closed for a month or more, you are entitled to your choice of either an extension of the contract or a prorated refund. If the closing is not the fault of the business, we are entitled to choose.
4. You have the right to cancel this contract within three business days after receipt of a copy of this agreement. Cancellation must be in writing, and delivered in person or by certified or registered mail. If you cancel, you are entitled to a full refund of all monies paid.
5. Regardless of the reason for your child being absent from our program, tuition is still due. If your child will be absent for an extended amount of time (more than 4 days) due to illness or injury we will waive tuition until their return. We will require a doctor's note describing the illness or injury. Abuse of this policy will result in termination from our program. Since we are exempt from the bonding requirement, we cannot collect payments during a member's disability extension so that we are not holding more than three month's payment in advance.
6. I have read the attached agreement and have had it fully explained to me by a staff member

This notice is an integral part of the application and contract for membership

Member or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_