## AFTER SCHOOL KARATE REGISTRATION FORM



Non-Refundable Registration Fee \$80 (includes uniform & mat shoes )

| Name of School:  |             | Start Date:                     |                                  | inrollment Date:                       |
|--|-------------|---------------------------------|----------------------------------|--|
| Teacher's Name:  |             |                                 |                                  | Name of School:                        |
| Mother's name (or Legal Guardian): Father's name (or Legal Guardian): Address: Street City Email: Mom's Work Phone: Dad's Work Phone: Name of any person(s) with permission for the pick-up of your child/children:  Medical Information Please list current medications for student: Please list any medical needs or issues for student: Family Physician: Medical Insurance for student: Phone: Medical Insurance for student: Phone:  Medical Insurance for student: Phone:  Medical Insurance for student: City Delicy# Emergency Contact: Delicy |             | ıde:                            |                                  |  |
| Father's name (or Legal Guardian):   |             |                                 |                                  |  |
| Father's name (or Legal Guardian):   |             |                                 |                                  |  |
| Address:   |             |                                 |                                  |  |
| Street City State Zip  Email: Email: Email: Mom's Work Phone: Dad's Work Phone: Dad's Cell Phone: Name of any person(s) with permission for the pick-up of your child/children:    Medical Information   |             |                                 | •                                | , -                                    |
| Email: Email: Mom's Work Phone: Dad's Work Phone: Dad's Cell Phone: Dad's Cell Phone: Name of any person(s) with permission for the pick-up of your child/children: Medical Information  Please list current medications for student: Phone: Phone: Medical Insurance for student: Phone:  |             | State 7in                       | City                             | Address:                               |
| Mom's Work Phone: Mom's Cell Phone: Dad's Work Phone: Dad's Cell Phone: Name of any person(s) with permission for the pick-up of your child/children: Medical Information  Please list current medications for student: Phone:  |             | p                               | • •                              |  |
| Dad's Work Phone: Dad's Cell Phone: Name of any person(s) with permission for the pick-up of your child/children: Medical Information  Please list current medications for student: Please list any medical needs or issues for student: Phone:  |             |                                 |                                  |  |
| Medical Information  Please list current medications for student:  Please list any medical needs or issues for student:  Family Physician:  Medical Information  Phone:  Phone:  Medical Insurance for student:  Phone:  Medical Insurance for student:  Phone:  Medical Insurance for student:  Credit/Debit Card Type:  Wisa MasterCard  Name on card:  Card Number:  CIV:  Expiration Date:  Billing Zip Code:  |             |                                 |                                  |  |
| Medical Information  Please list current medications for student:  Please list any medical needs or issues for student:  Family Physician:  Medical Insurance for student:  Phone:  Medical Insurance for student:  Phone:  Billing Information  Credit/Debit Card Type:  Visa  MasterCard  Name on card:  Card Number:  CIV:  Billing Zip Code:   |             |                                 |                                  |  |
| Medical Information  Please list current medications for student:  Please list any medical needs or issues for student:  Family Physician:  Medical Insurance for student:  Medical Insurance for student:  Phone:  Phone:  Billing Information  Credit/Debit Card Type:  Name on card:  Card Number:  CIV:  Expiration Date:  Billing Zip Code:   |             |                                 |                                  |  |
| Billing Information  Credit/Debit Card Type: Uisa MasterCard  Name on card: Card Number: Billing Zip Code: Billing Zip Code: Card Number: CIV: Billing Zip Code: Card Number: CIV: CIV: CIV: Card Number: CIV: CIV: CIV: CIV: CIV: CIV: CIV: CIV   |             |                                 | ues for student:                 | Please list any medical needs or issu  |
| Billing Information  Credit/Debit Card Type:   Name on card:  Expiration Date:  Billing Information  Card Number:  Billing Zip Code:   |             |                                 |                                  |  |
| Billing Information  Credit/Debit Card Type:   Visa   MasterCard  Name on card:   Card Number:   Billing Zip Code:   |             |                                 |                                  |  |
| Credit/Debit Card Type: Uisa MasterCard  Name on card: Card Number: Billing Zip Code: Billing Zip Code: CIV: CIV: CIV: CIV: CIV: CIV: CIV: CIV   |             | Phone:                          |                                  | Emergency Contact:                     |
| Credit/Debit Card Type: Uisa MasterCard  Name on card: Card Number: Billing Zip Code: Billing Zip Code: CIV: CIV: CIV: CIV: CIV: CIV: CIV: CIV   |             |                                 |                                  |  |
| CIV: Expiration Date: Billing Zip Code:  |             |                                 | 0                                | Credit/Debit Card Type: ☐ Visa         |
|  |             | er:                             | Card Nu                          | Name on card:                          |
|  |             | de:                             | Billing Zip                      | CIV: Expiration Date:                  |
| Billing Street Address:  |             |                                 |                                  | Billing Street Address:                |
| I hereby authorize The Dojo Karate Centers of Dunwoody to debit entries of \$560 on the F  | riday prior | entries of \$560 on the Friday  | Centers of Dunwoody to dek       | I hereby authorize The Dojo Karate (   |
| to the month of attendance/service. I reserve the right to stop payment with 14 days advantage and the stop payment with 14 days advantage at the stop payment with 14 days advantage.   | anced writ- | ment with 14 days advanced      | e. I reserve the right to stop p | to the month of attendance/service     |
| ten notice to The Dojo. I understand that three or more days of service constitutes a full w   | eek and     | rvice constitutes a full week a | d that three or more days of     | ten notice to The Dojo. I understand   |
| will be billed as such. Daily rates apply for one day or two service days, at a rate of \$55 pe  | er day.     | days, at a rate of \$55 per day | oply for one day or two service  | will be billed as such. Daily rates ap |
| x  | -           |                                 |                                  |  |

| <u>Consent and Disclaimers</u>  |  |  |  |  |
|---|--|--|--|--|
| X (initials) I (Parent OR Guardian) give my consent to Global Heritage Educational Enterprise, LLC dba Dojo Karate Centers, its officers, agents, employees, individuals associated with the organization or any emergencial personnel to administer necessary treatment to my child named above in the event of an emergency authorize transportation for my child by ambulance if situation warrants.   | gency  |  |  |  |
| X (initials) I (Parent OR Guardian) give my consent to Global Heritage, LLC dba/The Dojo Karate Cente officers, agents, employees, individuals associated with the organization to transport my child named above to from Dojo authorized activities and events. I hereby authorize The Dojo to transport my child from their acade institution to The Dojo's facilities daily. This program operates during the Dekalb County School year: August 20 May 2026 and observes all holidays/closings herein.   | o and<br>demic                                 |  |  |  |
| X (initials) I understand that The Dojo is a martial arts school and not a daycare provider. This program to licensed as a daycare by the state of Georgia nor is it required to be licensed by the state of Georgia. The interpretation is to teach martial arts physical and philosophical character building skills. Students not participating rate class will be removed from the program. This program operates during the Dekalb County School year: A 2025– May 2026. The Dojo does not operate during school holidays. Schedule will follow DeKalb County schoolings – if schools are closed due to inclement weather or other unforeseen conditions, The Dojo program will al closed. In additions, pick-ups are not conducted or authorized during early release or teacher work days. Transition is determined and provided upon standard release times of the institution. | ent of<br>in ka-<br>ugust<br>I clos-<br>lso be |  |  |  |
| X (initials) Buyer(s) understands that Student is engaging in physical activity/exercise, along the use of The Dojo's facility, equipment, training and instruction, which can be dangerous and cause injury. Therefore Buyer(s), assumes all risk of injuries to said individual. Buyer/Student he waives and releases any claim or right to sue The Dojo, employees or agents for injury. Buyer(s) carefully read this waiver and release and fully understands that it releases The Dojo of all liabilitie any injury that may occur. It is always advisable to consult your physician before undertaking any p cal activity/exercise program, particularly karate activities.   | could<br>ereby<br>has<br>es for                |  |  |  |
| X (initials) The Dojo does not assume any responsibility for the loss, damage, or theft of property belonging to the Buyer(s)/Student and agrees that The Dojo and its personnel are not resp ble or liable for any such property in the event of loss, damage, or theft on or about the facility.  |  |  |  |  |
| X (initials) I understand that my card will be charged a one time enrollment fee of \$80. The covers the school year period Aug 2025—May 2026. My child will receive a unform and mat shoes.  | e fee  |  |  |  |
| X (initials) To reserve your place monthly, payment of \$560 is due on the Friday before w credit card on file. I authorize my credit or debit card to be charged for the amount due plus any app ble late fees and/or outstanding balances. NO REFUNDS; however, as a courtesy, credit may be is for services, equipment, or uniforms. If your child is absent for more than one week, you will lose place in the After School Program, unless prior written arrangements have been made. Protective ement, examination fees, tournaments, etc. are separate fees and are not included in this agreement   | plica-<br>sued<br>your<br>quip-                |  |  |  |
| X (initials) Testing fees for advancement are not included in the monthly tuition or registration. Testing be administered at instructor's discretion during normally scheduled grading sessions of 8-9 weeks apart for a \$35. This fee will include; rank belt, certification and venue rental, as prescribed.  |  |  |  |  |
| X (initials) A late fee of \$10 will be applied for any student that is not picked up before the 6:00 pm s uled program ending time. The amount will be applied for every 15 minute period to facility extended staffing be the scheduled pick-up time. Any incurred fee will be directly applied to the credit card on file.   |  |  |  |  |
| X (signature)   | <b>J</b>                                       |  |  |  |

## **Discipline Policy Form**

In an effort to provide your child and other students with a safe and fun experience, it is necessary that all students exhibit proper behavior, self-discipline and self-control. Correcting unsatisfactory behavior is time consuming and detracts from providing quality, safe, educational, and fun activities for the rest of the students. The Dojo offers a participation-driven martial art program and all students are required to attend and participate during scheduled karate classes. Non-participants may be expelled from the program at the instructor's discretion.

If we are unable to control a situation we will contact the parents first by telephone at or near the disturbance, so that the parent may reinforce (by phone) the requirement that all students enrolled at The Dojo After School Program behave satisfactorily and follow instructions fully and promptly.

Students that cannot be controlled by verbal commands or that are constant disciplinary problems will be suspended from the After School Karate Program. Any student that causes physical damages to property of The Dojo will be expected to repair/replace the materials at the expense of the parent.

When The Dojo staff experiences repeated inappropriate behavior from any enrolled child, that child will be given ample verbal warning of their actions and instructions to correct it. After being set out of the activities at hand, if the student's behavior is not corrected promptly, we will call that parent for assistance (by phone) in changing the child's actions. Upon a second disciplinary action requiring a phone call to a parent, we will REQUIRE parents to make arrangements immediately (in one hour or less) to pick up their child for the rest of the day.

| •  |  |                              |
|--|--|------------------------------|
| I,   | (student's name) and                             | (parent's name),             |
| hereby acknowledge and dis terms and conditions. | cussed this policy between us, understand it and | agree to abide by all of its |
| Parent's Signature                               | Student's Signature                              | Date                         |

## **Specific Requirements and Rules**

- 1. No outside shoes may be worn beyond the lobby area. However, Hy-gens footwear is required to participate on the training mats. Hy-gens wear is restricted to the training mats and classroom hallways only—NEVER in the restrooms, lobby or outside of the facility.
- 2. All staff members and instructors are to be given the highest level of respect and courtesy. Follow directions, rules and equally respect classmates. Failure to do so will result in punishment.
- 3. No gum or eating beyond the lobby area.
- 4. No profanity or vulgarity will be tolerated and may be grounds for dismissal from the program.
- 5. No jewelry will worn on the training mats. Students with long hair should secure their hair above the neckline for class.
- 6. Students will contribute to cleaning efforts. They are responsible for their eating areas, work stations, homework areas and all training materials.
- 7. All students will be expected to learn the Student Pledge and wear the dogi (uniform) properly and independently with specific attention to the obi (belt).
- 8. Any students that do not bring homework during study time must provide themselves with an alternative, individual quiet time activity. Electronic devices are welcome, only if they are muted or equipped with headphones/ear buds. (It is recommended that these devices have the student's name permanently written on the device). The Dojo is not responsible for lost or stolen items. You may NOT be disruptive to students working on homework.
- Uniforms and Hygens must be laundered at home every weekend. The Hygens should be air dried. It is recommended to reverse the shoe inside out each week for extended use. Proper hygiene includes; nails trimmed and uniform must be free of odor.
- 10.All children must be picked up inside The Dojo's lobby area. Children are not permitted to leave the premises under any circumstances without an authorized adult guardian or parent.
- 11. No running in the hallways or lobby areas.