

Icon Martial Arts Academy



After-School Martial-Arts Program

Email: afterschool.ma@gmail.com

Phone: (281)660-5927

Enrollment Date: _____ Start Date: _____ Referred by: _____

Students for Enrollment:

Student #1 Name: _____ D.O.B: _____

School: _____ ISD: _____ Pickup Time: _____

Student #2 Name: _____ D.O.B: _____

School: _____ ISD: _____ Pickup Time: _____

Student #3 Name: _____ D.O.B: _____

School: _____ ISD: _____ Pickup Time: _____

Student #4 Name: _____ D.O.B: _____

School: _____ ISD: _____ Pickup Time: _____

School Transported:

_____ From School _____ Activities _____ Emergency/Injury

Authorized Alternate Transporters:

Transportation #1: _____ Phone #: _____

Transportation #2: _____ Phone #: _____

Transportation #3: _____ Phone #: _____

Transportation #4: _____ Phone #: _____

Student's Parents & Emergency Contacts: (Please use cell phone #'s if possible)

Email: _____ Home Address: _____

Parent #1 Name: _____ Primary Contact #: _____

Parent #2 Name: _____ Primary Contact #: _____

Emergency Contact #1: _____ Contact #: _____

Emergency Contact #2: _____ Contact #: _____

Authorization Signature: _____ Date: _____

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Medications & Allergies: (List any Allergies or Special Medical Issues that each student may have)

Student #1 _____

Medication: _____ Time Given: _____ Dosage Given: _____

Student #2 _____

Medication: _____ Time Given: _____ Dosage Given: _____

Student #3 _____

Medication: _____ Time Given: _____ Dosage Given: _____

Student #4 _____

Medication: _____ Time Given: _____ Dosage Given: _____

In the event that I cannot be reached, I authorize the Management, Coaches or Instructors of ICONMAA, to seek medical Attention for my child/children, in the event of an emergency.

Physician: _____ Phone#: _____

Name of Hospital or Clinic: _____

Phone # _____ Parent/Guardian Signature: _____

Picture Release:

ICONMAA takes a LOT of pictures during Classes, Training, Outside Activities & Special Events. We use these pictures for our Facebook Page, Our Website and sometimes in Advertising the After-School Martial-Arts Program.

_____ I Agree _____ I Disagree

Movie & Training Videos Release:

ICONMAA on Fridays and during Summer Training Camps, sometimes shows videos/movies For relaxation purposes as well as during break times like Lunch. All movies are PG or lower.

_____ I Agree _____ I Disagree

Authorization Signature: _____ Date: _____

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SERVICES: I Understand that ICONMAA is a Martial Arts School and not a Daycare in as such; ICONMAA's stock-in-trade is not supervision and Child-Care. The intent of ICONMAA is to teach Martial Arts Physical and Philosophical Character Building Skills. I understand that ICONMAA is a Martial Arts School and is a Drop-In Facility in as such; My Child/Children are free to come and go. Additionally, if my Child/Children stays at ICONMAA's facility, it is because of my direction and not ICONMAA's

_____ I Agree _____ I Disagree

LOSS/DAMAGE/THEFT OF STUDENT'S PROPERTY: ICONMAA does not assume any responsibility for the loss, damage or theft of any property belonging to the Student and that the Student and their Parents agree that ICONMAA and its personnel are not responsible for, or liable for any such property even if its, loss, damage, or theft occurs on or about ICONMAA's Facility.

_____ I Agree _____ I Disagree

WAIVER & RELEASE: Parents and Student (s), agree that Students engaging in physical exercise, and the use of equipment, use of ICONMAA's Facilities, training and instruction, which can potentially be dangerous and could cause injury to the Student (s). Student (s) are voluntarily participating in these activities and the Parents and Student (s) assume all risks of injury. Parents and Student (s) hereby waive and release any claim or right to sue ICONMAA, its employees and agents for injury to Student. Parents and/or Student (s) have carefully read this waiver and release and fully understand, it is a release of all liability and damage to ICONMAA for any injury. ICONMAA will make no evaluation or recommendation whether Student or Guests are physically fit for any exercise activities. It is always advisable to consult your physician before undertaking a physical exercise program, particularly Martial Arts based activities.

_____ I Agree _____ I Disagree

PAYMENTS: I understand that payments will be Due/Charged on the **Friday** prior to the week of attendance, if payment is not received there will be a late fee of \$10 a day applied to the amount due. If paying with a Credit/Debit card on file the price will be \$69 a week, if paying over the counter the price will be \$79 a week. If the Credit Card on File is rejected upon being charged, Service for the following week will be cancelled. A \$10 fee will be charged to reinstate service each time payment is rejected. Additionally, any outstanding Balance (s) will also be charged to Credit Card. I also understand that a 3 week notice must be given for any and all un-enrollments, with the exception being: Moving out of servicing area, Medically unable to participate in classes & Loss of a Job/Income.

_____ I Agree _____ I Disagree