



**ICON AFTER SCHOOL PROGRAM**

Enrollment Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Referred by: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

**Students for Enrollment: (Must list the school they attend, for shot record purposes)**

Student #1 Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

School: \_\_\_\_\_ ISD: \_\_\_\_\_

Student #2 Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

School: \_\_\_\_\_ ISD: \_\_\_\_\_

Student #3 Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

School: \_\_\_\_\_ ISD: \_\_\_\_\_

Student #4 Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

School: \_\_\_\_\_ ISD: \_\_\_\_\_

**Special Transportation: (Please initial each blank)**

\_\_\_\_\_ Activities (Field Trips & Outside Training) \_\_\_\_\_ Emergency/Injury (if we cannot contact you)

**Authorized Alternate Transporters: (Anyone allowed to pickup your child from our facility, besides yourself)**

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 or while a student waits for pickup.

\_\_\_\_\_ 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 Icon Martial Arts inherent authority.*

\_\_\_\_\_ 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 payments will be Due/Charged the **Friday** prior to the week of attendance, if payment is not received there will be a late fee of \$10 per day applied to the amount due. If Credit Card on file is declined upon being charged, service for the following week will be cancelled. A re-instatement fee of \$10 will be applied each time payment is declined. Additionally, any outstanding balance will also be charged to card on file. I also understand that a 3 week notice must be given for any and all termination of service with ICON’s After School Program, with the exception being: moving out of servicing area, medically unable to participate in classes & loss of a job/Income.

\_\_\_\_\_ I Agree \_\_\_\_\_ I Disagree

**Authorization Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_