

VICTORY MARTIAL ARTS, INC.

AFTER SCHOOL PROGRAM

Victory Marital Arts provides an after school Taekwondo program that is a great alternative to traditional day care. We have been in the same community for about 14 years. We know the families here and the teacher at the local schools. At Victory, we only hire people that are a part of our studio and our neighborhood. This keeps the caring family approach in order! Master Kurt stays in touch with the children's teachers during the school year with our Howard County Education Partnership we have had for the last 9 years.

We provide transportation after school to ours...even when there is early dismissal. The children will train everyday in the art of Taekwondo and also have time for homework. There are Martial Art's outings on early dismissal days so your kids don't have to stay at the center for hours!

This awesome and exciting program is for friends, families and neighbors of Victory. Just think about it...you get the after care you need and the Marital Arts training all in one!! No more rushing home to pick them up from day care to get the karate classes on time! This will mean more quality time with your kids in the evenings.

The costs and times are as follows: **Pick up by 6:00pm** (no late charges if you call)
First Child = \$90.00 per week ... Second Child = \$60.00

PLEASE RETURN THIS SHEET WITH THE FOLLOWING INFO.

CHILDS NAME: _____
SCHOOLS NAME: _____
CHILDS AGE: _____ **GRADE:** _____
TEACHERS NAME: _____
SCHOOL PHONE: _____ **DISMISSAL TIME:** _____
PARENTS NAME: _____
HOME ADDRESS: _____

HOME NUMBER: _____ **EMERG. #:** _____
E-MAIL ADDRESS: _____

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY:

As legal guardian of _____, I hereby consent to the aforementioned person participating in Victory Martial Arts, Inc's program. I recognize the potentially severe injuries which may occur in martial arts or any activity involving any physical abilities. I understand that it is the express intent of VMA to provide for the safety and protection of my child and in consideration for allowing my child to use the facilities; I hereby forever release VMA, Inc., Master Kurt Shryock, employees and other staff members from all liabilities for any and all damages and injuries, while under the instruction, supervisions or control of VMA, Inc. or its employees. As legal guardian of the aforementioned person, I hereby agree to individually provide the possible future medial expenses, which may be incurred by my child as a result of any injury sustained while training or performing for VMA, Inc. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to this content and intent. **PERMISSION TO TREAT...** I hereby give my permission to trained medial professional to administer emergency medial treatment to my child, should sickness or accident occur in my absence.

PARENTS/ LEGAL GUARIDIAN SIGNATURE

DATE