

THE WASHINGTON TAE KWON DO CLUB

KARATE AFTER SCHOOL PROGRAM

PROGRAM DATES

Monday, August 22, 2005 through Wednesday, June 7, 2006

(Except for Holidays and Closings that are designated by the Prince George's County Public School System)

9300 Livingston Road, South Wing, Fort Washington, Maryland 20744

Phone: (301) 248-3311

Fax: (301) 248-8111

Website: www.kasgold.com

Program Hours: Monday through Friday - 2:00 p.m. until 6:30 p.m.

Please PRINT or TYPE Neatly to Complete the Following Information:

CHILD'S NAME (in full) _____

Age _____ Date of Birth _____ Male [] Female []

Complete Address _____

City, State, Zip _____

Mother's Name _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Email address _____

Father's Name _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Email address _____

CHILD LIVES WITH (please check)

Both Parents []; Mother []; Father []; Grandparent(s) []; Guardian [] Other []

Person Responsible for Payments _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Email address _____

Driver's License Number _____ State _____

In case of emergency, please contact (other than above listed parent)

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Email address _____

The Washington Tae Kwon Do Club

A Division of the Washington Health & Fitness Group, LLC

Karate After School Application

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School Name: _____ **Time Released:** _____

Pick Up Point: _____

Point Address: _____

Contact Person: _____ **Contact Phone:** (____) _____

Morning Transportation Requested: Yes [] No [] **Must be at school no later than** ____ a.m.

PLEASE LIST ANY ILLNESSES THAT OUR STAFF SHOULD BE AWARE OF.

(1). _____

(2). _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD.

*NOTE** Your child will not be released to anyone who is not listed on this application without prior conversation between Kwanjangnim Wyatt or the administrator and the signing parent(s).

(1). _____ (2). _____

(3). _____ (4). _____

I, THE UNDERSIGNED, do hereby waive all claims against any, or all persons connected with **THE WASHINGTON TAE KWON DO CLUB (WTKDC)** for any injuries that my child(ren) may sustain while participating in training and classes. I assume full responsibility for any, and all of my child(ren)'s actions during, and in connection with The Washington Tae Kwon Do Club. I also waive the right for compensation for any and all photographs, TV interviews, radio talk shows, public appearances and demonstrations.

I understand that upon acceptance as a member, I will help my child(ren) to do the utmost to bring honor and esteem to the organization and to the Martial Arts. In addition, I agree to read all of the rules and regulations, class schedules, and payment requirements as written in the KAS Information Brochures and the Policy and Procedures Information. I also certify that my child(ren) do not have any illness or disease that is contagious and I relieve The Washington Tae Kwon Do Club from any liability for any illness or sickness that my child(ren) may incur as a result of their training.

Signature of Parent or Guardian

Date

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