



# Roar Taekwondo

After School Program

## 2022-2023 REGISTRATION FORM

New Student       Renewal

Registration Date: \_\_\_\_\_

Registration Fee Paid: \_\_\_\_\_

### Section I (please write clearly)

**Student's Name:** \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Special Notes (food/medical allergies; special needs): \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Special Notes (food/medical allergies; special needs): \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Special Notes (food/medical allergies; special needs): \_\_\_\_\_

### Section 2 (please write clearly)

Mother's Name: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employed by: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employed by: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Authorized Pick-Up 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Pick-Up 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Do NOT Release To: \_\_\_\_\_

*(If a name is listed here, provide copy of court documents, no contact order, official document, etc. to confirm)*



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#### Section 3 (To be filled out by staff only)

\$85 Registration Fee (*Per child, must be paid upon registration to hold your spot in the program.*)

- |                                    |                                  |                           |
|------------------------------------|----------------------------------|---------------------------|
| <input type="checkbox"/> Option A: | Automated Monthly Draft / 5 Days | \$380/Month or \$115/Week |
| <input type="checkbox"/> Option B: | Automated Monthly Draft / 3 Days | \$340/Month or \$105/Week |
| <input type="checkbox"/> Option C: | Automated Monthly Draft / 2 Days | \$300/Month or \$95/Week  |

*\*\*\*All in-school payments must be received the Friday before the week starts. Failure to comply will result in a \$25 late fee.\*\*\**

#### Section 4 (NOTICE TO APPLICANT & RELEASE OF LIABILITY WAIVER)

- Applicant understands that **Roar Taekwondo is not a daycare facility** - We are a martial arts school with after school care & camp programs.
- Applicant understands that if you are paying Weekly, all payments must be submitted every Friday. Payments not received by Friday will result in a late payment fee of \$25 that must be paid prior to your child's Afterschool Monday pick-up or transportation and child care services cannot be provided for you child.
- Applicant understands that if you are paying Monthly, tuition is due on the 29th of the month. If payment is declined, a \$25 late fee will be charged and transportation and child care services cannot be provided for your child.
- Applicant understands that a fee of \$25 will be charged to all declined payments. It is your responsibility to notify Roar and update the card on file due to expired, lost or new cards.
- Applicant understands that if two (2) payments are missed/declined, your account will be deactivated and your child will be removed from the Afterschool program until your account is back current. *No Exceptions.*
- Applicant understands that if your account is deactivated, an \$85 Registration Fee will be required to re-register your child and is dependent upon availability. *No Exceptions.*
- Applicant understands that Pick-up time is by 6:00pm. If you are not picking up your child, you must notify Roar at 704-282-1400 before 12:00pm to let us know if your child will be absent for the day or who will be picking up your child. This person **MUST** have identification and be listed on our authorized pickup form, otherwise we will not be able to release the child.
- Applicant understands that students that have not been picked up by 6:00PM to 6:30PM will result in a \$25 late fee. Any pickups after 6:30PM will result in a \$5 per minute late fee that must be paid when you pick your child up. Failure to pay will result in transportation and child care services not provided for your child.



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- Applicant understands that he/she is enrolling in a required 9-month contract. Should you need to cancel for any reason other than moving more than 30 miles from the school (proof of residency change is required) or death - a one (1) month's full tuition payment will be required. You must cancel, in writing, and fill out our cancellation form at least thirty (30) days prior to your next scheduled payment. if no written cancellation request and cancellation fee are made within thirty (30) days, you will continue to be charged the full monthly tuition amount each month as agreed upon above. *No Refunds. No Exceptions.*
- Applicant understand that we only have a limited number of spots in our After School Program and your payment guarantees your child's place in our program. So we cannot accommodate refunds for any day or week your child is absent from our program. *No Exceptions.*
- Applicant understands that besides regular tuition payments, there are other expenses during course training such as safety gear, exams, etc. All weapons and sparring gear must be purchased through the Roar store. No outside purchased items are accepted.
- Applicant agrees to comply and respect the position of Roar's staff and understands that Roar's staff will enforce these contractual terms and conditions set forth and no special arrangements can be requested or made individually with Master Surendra. Any rudeness or disrespect towards any of Roar's staff and/or Instructors will result in child's removal from any of Roar Taekwondo's programs.

I hereby acknowledge that I am aware of the nature of martial arts. I am voluntarily participating in this program operated and conducted by Roar Taekwondo.

I hereby consent to hold Roar Taekwondo and its employees, members, or agents free from any and all liability, claims, and any other actions whatsoever arising from this program whether it may occur at the Roar Taekwondo and/or during the transportation to and from any locations.

I further agree to release Roar Taekwondo and its employees, members, or agents from any liability for any loss or theft of personal property.

In the event of any injury, illness, or other condition, which would require immediate medical assistance, I hereby consent to allow Roar Taekwondo and its employees, members, or agents to take such actions as necessary to contact and provide medical assistance.

I hereby agree to individually provide for any future medical expenses incurred by my child as a result of any injury sustained while attending Roar Taekwondo and any of its programs, camps, or events.

I hereby consent to assume all financial responsibility for such medical assistance.

I have carefully read this waiver and release agreement and fully understand it is a release of all liability, claims, and other actions whatsoever. Failure to sign will prevent my child's participation.

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Applicant's Signature

Date

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Registrar's Signature

Date