

CONTACT INFORMATION/ENROLLMENT SUMMARY

Before & After School Care & Camp Medical & Emergency Contact Form



Enrollment Information:

My child/ren will be enrolled in:

Before After Both Camp

Full Time (5 days/week) Part Time: _____
days needed

(B4 & After) Only:

Schools(s): _____

upcoming grade(s)

School Phones: _____

Personal Information:

Child's Name: _____ Age: ____ DOB: / / Sex: M or F Allergies: Y N _____
please list

Child's Name: _____ Age: ____ DOB: / / Sex: M or F Allergies: Y N _____
please list

Child's Name: _____ Age: ____ DOB: / / Sex: M or F Allergies: Y N _____
please list

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Parent Name: _____ Cell Phone: _____

Parent Name: _____ Cell Phone: _____

Parents Email (s): _____
please print neatly & legibly

Parents Email (s): _____
please print neatly & legibly

Child's Legal Guardians: Both Parents One Parent Other

if other, please explain: _____

Previous Martial Arts experience: Y N If yes, current rank: _____
child's name & rank child's name & rank child's name & rank

Emergency Contact: (other than parent/guardian) _____

Relationship to child: _____

Phone: _____

Pick-Up Authorization:

We are required to have a list of all people who **HAVE** permission to pick up your child/ren from K2MAA when the parents cannot:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Is there anyone to whom your child/ren may **NOT** be released to:

Name: _____ Phone: _____

Name: _____ Phone: _____

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Mandatory
signature
required

Field Trips:

I give permission for K2MAA to transport my child(ren), _____ in their van for all
planned field trips & park trips during the weeks of all camps & after school activities

print child(ren)s name(s)

parent signature

Media:

I further understand that K2MAA staff may photograph/videotape my child(ren) _____ in
K2MAA programs for promotional purposes. If you (or family members) don't want to be photographed or videotaped, please contact
us at 703-569-6969 or write your request on paper.

parent signature

Personal Property:

K2 Martial Arts Academy & staff are not responsible for before & after school & campers *Personal Property*,
including clothing, lunch packs, books &/or electronics (such as cell phones, laptops, kindles).

parent signature

Medications:

Y or N

My child(ren) _____ does not take any medication on a routine basis.

print child(ren)s name(s)

Y or N

My child(ren) _____ will need to take medication while at K2MAA.

print child(ren)s name(s)

PRESCRIPTION MEDS:

must come in a container labeled w/ child's name, name of medication, time meds are to be given, dosage, stoppage date, licensed health care providers name & pharmacy name & phone number.

OVER THE COUNTER MEDICATIONS:

must be labeled w/ child's name. Dosage must match the signed health care provider authorization. Medications must be packaged in original container.

By signing this document, I give permission for K2MAA to administer the following medications to:

print child(ren)s name(s)

list of medications:

Dosage: _____

Time of Administration: _____

Special instructions: _____

Side effects that need to be reported: _____

Start date: _____

End date: _____

Health Care Provider: _____

Phone #: _____

** If additional space is needed for more medications or for another child , please provide information on another sheet of paper*

Medical:

EMERGENCY MEDICAL AUTHORIZATION: In the event that my child(ren) _____ suffers an
injury or illness while in the care of K2MAA, & the facility is unable to contact me/us immediately, I/We give authorization for the staff of
K2MAA to secure medical attention & care for the child as necessary. I understand that K2MAA will make every possible attempt to contact
me/us, the child's physician & other persons listed as an emergency contact. I/We will not hold K2MAA responsible for any & all medical
expenses incurred during the treatment of my child(ren). *** Please provide a copy of your child's insurance card for our records.**

Does your child(ren) have any illnesses or injuries that may affect him/her at K2MAA? If yes, please write child(ren)s name & explain:

Please describe any other information which may be helpful to staff (i.e. special needs, fears, behaviors, etc.):

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LIABILITY WAIVERS FOR: _____ <small style="text-align: center;">please print child(ren)s name(s)</small>
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Please initial **ALL** of the following paragraphs (if more than 1 child, please write children's names above squares to right)

ATTENDANCE: Parents are responsible for reminding their children of after school pick up and for notifying their classroom teacher and school about after school pick up. If your child is home sick or will be absent from our after school program, **please contact the K2 staff** as soon as possible to let them know.

child's name:	child's name:	child's name:

DROP OFF POLICY (*for before schoolers & campers*): Parents/Caregivers are responsible for taking their student to K2MMA and signing students in directly with the staff. Students should not be dropped off somewhere else and will not be picked up from their primary residence.

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PICK UP POLICY: For after school program, parents are expected to arrange any paperwork and notifications for pickup with your child's school and classroom teacher. Campers & After Schoolers should pick up your child/ren from K2 by 6pm. For late pick up, parents should contact K2 staff as soon as possible. If parents are repeatedly late, K2 may assess charges or suspend enrollment, depending on the circumstances.

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CODE OF CONDUCT: Students & Campers are expected to maintain the same behavioral standard that they would have during the school day.

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ALLERGIES: Parents of students with severe allergies are responsible for contacting K2 in order to develop a formal health concern plan.

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WAIVER AND RELEASE OF LIABILITY: In consideration of the opportunity for my child to attend K2MAA After School program &/or camp at K2MAA, the undersigned ASSUMES ALL RISKS associated with my child's attending and participating in this program, and WAIVES, RELEASES AND AGREES TO HOLD HARMLESS the K2MAA owner, instructors, staff, drivers and volunteers (the "Releases'") from any liability to the undersigned, and to the personal representatives, heirs, assigns, and family of the undersigned, for all loss or damages on account of injury to the person or property of the undersigned relating to attendance at or participation in any Tae Kwon Do class, or activities associated with camps and/or field trips, including any claims of damage or rights of action arising out of the use of K2MAA premises for Tae Kwon Do classes and/or activities associated with camps and/or field trips, whether the alleged injuries or damages arise from the negligence of any of the Releases' or not, to the fullest extent allowed by law. This release includes, without limitation, any claims arising in negligence, other tort, or contract. The undersigned has read the Waiver and Releases' of Liability, understands its terms, understand that by signing he or she is giving up certain rights he or she might otherwise have under law, and voluntarily sign.

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TRANSPORTATION: I agree to give permission for K2MAA to provide transportation to the K2MAA location and any locations associated with planned activities for after school students or campers and HOLD HARMLESS the K2MAA owner, instructors, staff, drivers and volunteers (the "Releases'") from any liability to the undersigned, and to the personal representatives, heirs, assigns, and family of the undersigned, for all loss or damages on account of injury to the person or property of the undersigned relating to participation in the transportation to and from K2MAA.

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EMERGENCY TREATMENT: By signing this form, parents give permission for their children to participate in Day Camp, Summer Camp & Before &/or After School Pick Up and the After School activities located at K2MAA, and give permission to the adult in charge to seek emergency medical treatment and/or transportation for their children.

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PAYMENT FOR CAMP: All deposits and balances for camp(s) are non-refundable.

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Consent to Treat:	
<i>If the participant/s is/are under twenty-one (21) years of age, a parent or legal guardian through signature below must give their permission for emergency medical treatment under the above conditions.</i>	
I _____ (print parent/guardian name) the legal guardian of _____ (child/ren name/s) who is participating in the K2 Martial Arts Academy Before or After School or Camp program declare; If my child/ren is/are unconscious or incapacitated, I do consent to emergency medical treatment as recommended by a physician. Additionally, I give my permission for K2 Martial Arts Academy administrative staff to authorize any appropriate emergency medical treatment as recommended by a physician.	
_____ Parent/Guardian Signature	_____ Date
Parent/Guardian Printed Name	
OR	
<input type="checkbox"/> please initial box and sign below	
I refuse to give my consent to emergency medical treatment as recommended by a physician during my child/ren's participation in the program. Furthermore, I refuse to give my permission for Camp administrative staff to authorize appropriate emergency medical treatment.	
_____ Parent/Guardian Signature	_____ Date

By signing this waiver, I have read and understand the above and all risks associated with this program.

THIS FORM MUST BE SIGNED (in all areas requiring signatures) FOR EACH CHILD INVOLVED IN K2MAA BEFORE & AFTERSCHOOL CARE, & CAMP PROGRAMS

I HAVE FULLY READ AND UNDERSTAND THE FOREGOING.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Please be sure to sign this form & bring it to K2 or mail it to: K2 Martial Arts Academy, 6347 Rolling Road, Springfield, VA 22152

If there is any additional information about your child(ren) that you would like to communicate to us, please attach additional written information to this form.