

# Student Rules and Regulations

Discipline respect and diligence are the Top priorities for Tae Kwon Do training.

1. Students may not participate in the class if they come to class unprepared (i.e. shoes, belt, uniform, equipment)
2. If students arrive late, they should sit down at entrance to the dojang and meditate until they are asked to join class
3. Students should remove all jewelry during class
4. When students arrive early, they should sit down quietly in the back of the dojang by the bars, begin stretching, and wait for class to begin.
5. When students see the master and/or instructors, they should bow to show respect.
6. When students enter or leave the dojang, they should bow to the flags, and to the Master and say "Hello Sir" or "Goodbye Sir" respectively.
7. Master Lee will decide when students are ready to test. This is NOT the decision of the parents or the students.
8. In order to test students must attend the minimum number of classes as listed below.

Beginners	16 classes
Intermediate	24 classes
Advance	28 classes
1st Dan	30 classes
2nd Dan	40 classes (Feb/June/Oct)
3rd Dan	60 classes (Jun/Dec)

Included in this number is at least two breaking and sparring (intermediate and up) classes per month. When a student attends the breaking classes they should either have their own boards or ready to buy boards at the school.

9. When students come into the dojang they should either be in street clothes or their uniform. They should not wear parts of the uniform and street clothes together.
10. Students must answer "Yes Sir" or "No Sir" when asked a question.
11. All those in the waiting area room must refrain from talking while classes are going on. If you must use your cell phone, please step outside.

I have read and understand these rules, and will abide by these rules and regulations to the best of my ability.

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Signature of Student

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Date

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Signature of Parent/Guardian

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Date



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## After School Program Contract 2018-2019

\_\_\_\_\_ If you are on a monthly payment plan, we will allow for your payment to be made by the first Friday of the month. . **After such date your payment will be considered late and we will hand-key your credit card information and retrieve payment automatically by the following Wednesday with an additional \$15 late fee.**

\_\_\_\_\_ All fees are non-refundable. We have limited space that has been reserved for your child. Once you sign up, you are responsible for payment for all weeks covered in your contract, whether or not your child attends Champion Tae Kwon Do After School Program. **If you wish to discontinue your child's attendance at our After School Program, you must let us know in writing at least 1 month in advance to avoid any additional fees.** If you fail to notify us before the required amount of time you will be charged for 1 month of tuition and we will automatically apply that amount to your credit card that we have on file.

\_\_\_\_\_ Students must be picked up by 6:00 pm every afternoon. Please notify us if you are going to be late. Late pick up is in the front lobby. Please pick them up at the front of the school. Late pick up charge starting at 6:05. We will charge \$5 to your account and an additional \$1 every minute you are late. Extended Care between 6pm-6:30 is \$10 per week for each child

\_\_\_\_\_ Students must bring their own **NUT FREE** snacks.

\_\_\_\_\_ The weeks listed on the back side of this form are in-school weeks. There is no additional charge for half-day pick-ups. However, there is a fee of \$25 per day, for full-day camps (i.e. Professional Planning Days and Teacher Work Days) if your child attends. Weeks of Camp (i.e. Holiday Camps or Spring Break Camp) are not part of the After School Program and cost an additional fee, but you will not be charged if your child does not attend.

Credit Card number: \_\_\_\_\_ M/C Visa

Exp. Date: \_\_\_\_\_ VIN: \_\_\_\_\_

We have retained your credit card information in case of a late payment situation. If your payment is not received by the due dates listed above then there will be a late fee of \$15. At that time, we will hand-key in your credit card information into our system for the amount due plus the \$15 late fee. If we have not received the payment by the Friday before the date of attendance your child may not be allowed to attend our After School Program.

I am the person responsible for payment and I have read and understood the above contract regulations of Champion Tae Kwon Do After School Program.

\_\_\_\_\_  
Signature of Parent or Guardian      Date

Champion Tae Kwon Do Academy Inc  
After School Program Pick-Up Information 2017-2018

STUDENT INFORMATION			
First Name	Last Name	Date of Birth	
School	Teacher	Grade	Gender
First Name	Last Name	Date of Birth	
School	Teacher	Grade	Gender

Parent/ Guardian			
First Name	Last Name	Relationship to Child	
Address		City	State      Zip
Cell Phone	Home Phone	Email	
Employer			Work Phone

Parent/ Guardian			
First Name	Last Name	Relationship to Child	
Address		City	State      Zip
Cell Phone	Home Phone	Email	
Employer			Work Phone

<b>Emergency Contacts/ Release of Child Authorization:</b> I hereby authorize Champion Tae Kwon Do Staff to contact the following person in case of emergency in the event that I or the other parent/ guardian cannot be reached. I hereby authorize Champion Tae Kwon Do staff to allow my child to leave the program with the following persons.		
First Name	Last Name	Phone #
First Name	Last Name	Phone #
First Name	Last Name	Phone #
First Name	Last Name	Phone #

My signature below verifies that:

I have completely filled out the Champion TKD Academy Inc After School Program Enrollment Forms for 2017-2018 school year.  
I verify that the information on these enrollment forms is complete and accurate.  
I give permission for CTKD Academy Inc After School Program to transfer my child from his/her school to CTKD school location.  
I have received and read all of the "Champion Tae Kwon Do Academy Inc After School Program Handbook for 2017-2018

Signature of Parent

Date

\*\*\*\*\*MEDICAL RELEASE FORM\*\*\*\*\*

Child's Legal Name: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_

Phone #: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

Insurance Policy: \_\_\_\_\_

Allergies or medical conditions of child:

\_\_\_\_\_

Has child had any serious illnesses or surgery?

\_\_\_\_\_

List any medications:

\_\_\_\_\_

List any identifying scars, birthmarks, etc.

\_\_\_\_\_

My child will need medication during the day and Champion Tae Kwon Do Academy, Inc. Staff have permission to administer the below named medication.

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time: \_\_\_\_\_

CTKD staff have my permission to administer the above medication to my child as prescribed by Dr. \_\_\_\_\_ for the purpose of treating \_\_\_\_\_.

\*Any medications given at Champion Tae Kwon Do Academy, Inc. must be in their original container with proper labeling.

\*\*If Tylenol, or aspirin is needed, permission may be granted over the phone by the custodial parent.

\*\*I hereby give my consent to any hospital and/or licensed physician to administer necessary treatment to the above named child. I give my consent for my child to be transported by ambulance if the situation warrants to the nearest hospital in a critical emergency.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Champion Tae Kwon Do Academy, Inc.,  
(727) 399-2999

7590 Starkey Road, Seminole, Florida 33777  
[www.ChampionTaeKwonDo.net](http://www.ChampionTaeKwonDo.net)

## **RELEASE OF LIABILITY AND ASSUMPTION OF RISKS**

Champion Tae Kwon Do Academy, Inc. a Florida corporation, ( herein after referred to as Champion Tae Kwon Do ) hereby permits the person(s) indicated below (the terms "Participant", "Student", "Camper" or "Parent" may be interchangeable) to enter the academy and/or participate in any activities and/or classes and/or programs at Champion Tae Kwon Do Academy located at 7590 Starkey Road, Seminole, Florida, and does hereby acknowledge, represent, and warrant the following:

1. The Participant's use of the facilities of Champion Tae Kwon Do is completely optional and of Participant's own choice.
2. The Participant understands that it is the Participant's obligation to determine if he or she is healthy enough to engage in the activities held at Champion Tae Kwon Do. If Participant is not healthy enough to partake in such activities, then Participant will refrain from doing so.
3. Participant and/or parent and/or guardian, is signing this Release of Liability and Assumption of Risks (the "Release") voluntarily and at Participant's own free will. Participant consents to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during Participant's activities associated with Champion Tae Kwon Do.
4. Participant and/or Parent and/or Guardian have asked the Masters/Instructors concerning any questions that Participant has regarding rules and regulations. Participant has received sufficient training for participation in any fitness activity and equipment use.
5. Student's use of the Champion Tae Kwon Do facility involves certain inherent risks ranging from minor scrapes, strains, and bruises, to significant injuries such as broken bones, eye injury or loss, concussions, paralysis, and even death. Participant agrees to assume all such risks, as well as any other risks involved in the use of the land, building, weapons, or equipment provided by Champion Tae Kwon Do and to be bound by the terms and conditions of this Release. Activities will sometimes be held outside the Academy facility or in public parks or public pools, bowling alleys, skating rinks, and at other various facilities. This waiver applies to the Participant taking part in any outside activity provided or offered by Champion Tae Kwon Do Academy. Some activities may require transportation to such other participating location(s) and the Participants, Parents and Guardians hereby hold harmless any Released Parties from any and all legal action arising from such activity and/or transportation.
6. Participant will potentially be photographed or videotaped during the Student's participation with Champion Tae Kwon Do and agrees to the potential use of such photographs to be used for flyers, posters, banners, advertising, promotions, or any other such use, excepting inappropriate use, with or without Participant's name being given with the photograph. Participant and their representatives allow such use of photographs and/or videos, and hereby waive any and all compensation for such use.
7. Participant, personally and on behalf of the Participant's parents, children, executors, heirs, administrators, personal representatives, and next of kin, agree to release and discharge Champion Tae Kwon Do and all of its owners, members, officers, staff, Masters, chaperones, instructors, and their families as well as any and all other students and persons or entities that may have any liability whatsoever (collectively, the "Released Parties") from and against all damages, actions, claims, liabilities, whether known or unknown, anticipated, or unanticipated, suspected or unsuspected, future or contingent, relating to or arising from any activity, occurrence or event involving the Released Parties, whether arising in contract or tort, and whether arising through gross negligence or the intentional acts of others. Participant further agrees to indemnify, hold harmless and defend Champion Tae Kwon Do and all other Released Parties from and against any loss, damage, liability, and expense, including but not limited to attorneys fees and costs, incurred by Champion Tae Kwon Do or the other Released Parties as a result of the Participant's use of the Champion Tae Kwon Do facility or other activities as listed in Paragraph 5 above.
8. The laws of the State of Florida shall govern the rights and obligations of the Parties under this Release and the interpretation, construction and enforceability thereof. Any lawsuit brought against any Released Party shall be brought solely in Pinellas County, Florida.
9. I HEREBY VOLUNTARILY WAIVE, PERSONALLY AND ON BEHALF OF THE PARTICIPANT (S) NAMED BELOW, THE RIGHT TO A TRIAL BY JURY IN ANY ACTION, PROCEEDING OR LITIGATION INVOLVING ANY RELEASED PARTY.

Student's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

TO BE SIGNED IF PARTICIPANT IS A MINOR

I represent that I am the parent or legal guardian of the Participant identified above or am authorized by the parent or legal guardian of Participant to permit the Participant to use the facilities of and programs provided through Champion Tae Kwon Do, and hereby consent to that individual using the facilities and participating in the programs of Champion Tae Kwon Do. I further agree to indemnify, hold harmless and defend Champion Tae Kwon Do and all other Released Parties from and against any loss, damage, liability and expense, including but not limited to costs and attorney's fees incurred by Released Party during or as a result of the Participant's use of the facilities or participation in any summer camp or other program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date