

'TRANSPORTED AFTER SCHOOL MARTIAL ARTS

Dear Family:

Welcome to San Lorenzo Valley Martial Arts Academy. We are thrilled that you have chosen to enroll your student in our martial arts school. Our martial arts program is a goal-oriented program where character development skills such as focus, perseverance, manners, respect for self and others are delivered through positive martial arts instruction. In order for students to progress and obtain the maximum benefit from our program, consistent attendance is required.

In this packet you will find several necessary forms. Please complete all forms and return them to us as soon as possible. **Failure to do so will result in our inability to pick up and transport your student, even if we have last year's forms.**

Students are picked up directly from school, transported to our facility. They will have snack time, homework time, quiet reading time, structured activity time but most importantly their martial arts class and character development lesson. Please pick up your student anytime **AFTER** their lesson but no later than 6:00 pm.

If your student is out sick or will not be attending on his or her regularly scheduled day, please notify (call or text) Master Smith @345-1803 as soon as possible, this will eliminate confusion and unnecessary delay at the pickup area. Please stress to your child the importance of being at the designated pickup area as close to dismissal time as possible. If your son or daughter is not at the pickup area all efforts will be made to locate him or her. If your student is not located within a reasonable time we may have to leave and student will have to wait in the office until we can return. This may result in a \$10.00 fee.

We look forward to getting to know you and your child, and hope that you will be pleased with what our program has to offer. We will continuously strive to ensure that your child has a positive and rewarding experience.

Your feedback, questions or comments are always welcome.

Sincerely,

Master Randall Lee Smith

CONTACT INFORMATION

Academy: 831-704-7924

Mr. Randall Smith 831-345-1803

Email: masrandalllee@yahoo.com

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 Student Name _____ Date of Birth _____ Grade _____

 Address _____ City _____ Zip _____

 Home Phone _____ Parent/Guardian email _____

SLE ____ Teacher _____ SLVMS ____ SLVHS _____

Days attending: Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____

 Parent/Guardian Name _____ Cell Phone _____

 Parent/Guardian Name _____ Cell Phone _____

 Emergency Contact _____ Relationship _____ Phone _____

Does student have a health concern, dietary restrictions or other concerns that instructors should be aware of?

PURPOSE. I understand that San Lorenzo Valley Martial Arts herein after SLVMA is a martial arts school and not a daycare. As such, our stock -in-trade is not supervision and care. The intention of the school is to teach martial arts, physical and character building skills. I understand that if my child is to stay at San Lorenzo Valley Martial Arts’ facility it is because of my direction and not the academy’s.

ADVISORY OF RIGHTS AND RESPONSIBILITIES. Safety is not the sole responsibility of instructor and staff. Everyone in class is responsible for their safety and the safety of those around them. All students have the right and responsibility to conduct themselves in a manner that helps them, other students and instructors remain safe. If a student notes an unsafe training situation, which may include another student not being careful of others, a potentially dangerous condition or anything else that may cause or lead to harm of themselves, other students, instructors, visitors or guests, the student is asked to correct the situation if this is within his or her ability or to notify an instructor or staff member immediately.

NOTICE AND CONSENT TO INSTRUCTORS. This school seeks to make use of professional instructors. Classes may be taught by the head instructor or any other qualified instructor. Should an instructor be unavailable for a given class, an assistant instructor, senior student, or guest instructor may teach. The choice of instructor is left to the discretion of the school.

ASSUMPTION OF RISK. Martial arts is a potentially dangerous activity. Bumps, bruises, scrapes, and soreness are commonplace and most students may encounter this sort of injury from time to time. Injuries that are more serious are possible. These injuries include fractured bones, broken bones, torn ligaments, though not all students encounter such serious injuries. Parents/legal guardians and student understand and accept the risks involved in martial arts training and by assuming these risks, completely absolve and agree to hold harmless all instructors, staff, guests, students, landlords, and any and all other parties of liability for student’s harm, unless intentionally caused in criminal conduct.

WAIVER AND RELEASE. Parents and/or legal guardians have carefully read this Waiver and Agreement and fully understand that it is a release of liability and damage of SLVMA, Instructors and Staff for any injury. Before beginning any exercise program, particularly martial arts training it is advisable to seek the advice of a licensed physician. Academy cannot make an evaluation or recommendation of whether student or guests are sufficiently physically fit for any exercise or activities. Participants agree that academy, instructors, and staff are not responsible for lost, stolen, or damaged personal belongings, even if loss, damage, or theft occurs on or about the academy’s facility.

PERMISSION TO USE. I understand that on occasion, staff, spectators, and/or other parents may capture my or my child’s moving or still image. I hereby grant permission to use said image for social media and/or promotional purposes.

DURABILITY. This document is effective from the date signed with no expiration. Furthermore, the terms of this document are retroactive to the beginning of training or visiting if this document was signed after that date.

I have read, understand and accept the provisions set forth in this document in its entirety.

Parent/Guardian Signature: _____ Date: _____

STUDENT AGREEMENT I understand that martial arts training is for self-enhancement, discipline, and self-defense. I agree and promise not to use my martial arts skills to bully, intimidate or harm any other person.

 Student signature (regardless of age) _____ Date _____

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THIS FORM TO REMAIN IN VEHICLE AT ALL TIMES
Authorization for Transportation

I, hereby authorize San Lorenzo Valley Martial Arts hereinafter SLVMA to transport my child _____ from
(Check one): SLE _____ SLVMS _____ SLVHS _____ During the school week to San Lorenzo Valley Martial Arts, 6116
Highway 9, Felton, CA 95018.

Parent/Legal Guardian signature

Date

EMERGENCY INFORMATION

Student Name: _____ Date of Birth: _____

Parent/Guardian Name

Cell Phone

Parent/Guardian Name

Cell Phone

If we are experiencing an emergency all efforts will be made to contact one person listed above. It will then be that person's responsibility to contact the co-parent or other important people. If we are unable to contact Parent/Guardian listed above, we will attempt to reach alternate emergency contacts and ask that they continue communication efforts.

If either Parent/Guardian cannot be reached, please contact the following: **ALTERNATE EMERGENCY CONTACTS**

_____ Relationship _____ Best number to call: _____

_____ Relationship _____ Best number to call: _____

Please list any existing medical conditions or allergies your child may have including food allergies:

Please list any medications your child is currently taking

Authorization to seek Emergency Medical Care

In case of accident or illness requiring emergency medical attention, I authorize the San Lorenzo Valley Martial Arts driver to transport My child to a licensed medical facility included but not limited to medical clinic, office or hospital emergency room for the purpose of obtaining urgent medical care. Parent/Guardian agrees to the financial responsibility arising from said service. The determination of which medical facility child will be transported to shall be at the discretion of SLVMA. It is understood that SLVMA will use their best judgment and discretion to determine a true emergency.

Parent/Guardian for self, child, heir assignees, co-parents agree to hold harmless SLVMA and its representatives, instructors, volunteers for any injury, trauma, illness or death which may result from automobile accident or medical care which may arise from transportation and or participation in SLVMA's Transported After School Martial Arts Program.

Authorization to Treat

In the event that I cannot be reached, I hereby authorize licensed healthcare provider to provide the necessary emergency medical treatment to my child. I assume financial responsibility for all costs arising from said emergency medical care.

Parent/Guardian

Date

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Student Name: _____

SLVMA may release my child to the following people:

1 _____

2 _____

3 _____

4 _____

I understand and agree to notify SLVMA if someone not listed above will pick up my child.

Parent Signature: _____

Date: _____

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Parent Checklist

_____ **Notify my child's teacher, school office and/or principal that I authorize SLVMA to pick up my child.**

_____ **Call SLVMA no later than 12:00 noon if my child will not be attending on his/her scheduled day. I understand that failure to do so will cause undue stress, late pickup for other students and consequently a \$10.00 penalty fee.**

_____ **Return this completed enrollment packet to SLVMA in order for my child to be picked up by SLVMA**

_____ **Notify SLVMA if my child will be picked up by someone other than myself**

_____ ***Provide a healthy after school snack for my child.**

_____ **Provide lunch for my child for any short/minimum days.**

_____ ***Provide special snacks or food if my child has nutritional restrictions.**

* Please note that it is your responsibility to provide your child with a daily snack. If your child will be with us on early dismissal day you must also provide lunch and snack for those days. We will always have snack foods available should you forget and we will never let a child go without. Because some children have different nutritional needs and/or food allergies It is important that you notify us of any food allergies or restrictions your child may have.

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TASMA PROGRAM

PURPOSE, ATTENDANCE, PAYMENT, FEES, AND PICKUP POLICIES

- 1. The purpose of enrolling in SLVMA's transported program is to study martial arts. Goal setting and rank progression is an integral part of this program. To ensure that students do not fall behind and are progressing adequately, students must attend at least two training classes per week. Attendance should be seen as part of good discipline and is the student and parent's responsibility.**
- 2. Payment is due in advance and in a timely fashion.**
- 3. Students may be picked up as early as 5:15 (AFTER their martial arts class) or as late as 6:pm. A 15-minute grace period will be extended for pickup after 6PM, after which a fee of \$5.00 will accrue for every 5-minute increment unless prior arrangements have been made.**

Fee Schedule

2 days per week:\$35.00 p/day
3 days per week:\$32.00 p/day
4 days per week:\$28.00 p/day
5 days per week:\$25.00 p/day
Family Discounts: 10%

Uniform: \$35.00

Promotional testing fee: Determined by eligibility and rank*

Rank and belt promotion is an integral part of confidence and character development for the martial artist. While testing is conducted every two months, not all students will be ready. Regular attendance is therefore important and will help in determining eligibility for testing and promotion. Please see Master Smith for the current rank fees.

Equipment

When student promotes to orange belt it will be necessary to purchase the following sparring safety gear:

Shin pads
Elbow pads
Helmet
Chest protector
Groin cup for males
Mouth guard

Sparring gear is personal equipment. For sanitary reasons we do not encourage sharing. The gear is reasonably priced and will last a long time. Please see Master Smith for price list and ordering.

I have read and understand SLVMA's purpose, payment and pickup policies

Student name: _____

Parent/Guardian signature: _____ **Date:** _____