

**ATA BLACK BELT ACADEMY  
SATELLITE DAY CARE PROGRAM ENROLLMENT FORM**

**TODAY'S DATE:** \_\_\_\_\_

**PARENTS FULL NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**STUDENTS FULL NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**SPECIAL MEDICAL INFORMATION** \_\_\_\_\_

**NOTICE: THOMAS' BLACK BELT ACADEMY I, INC. URGES ALL MEMBERS TO OBTAIN A PHYSICAL EXAMINATION FROM THEIR PHYSICIANS PRIOR TO THE ATTENDANCE IN ANY EXERCISE OR TAEKWONDO CLASS. IN RECOGNITION OF THE POSSIBLE DANGERS CONNECTED WITH ANY PHYSICAL ACTIVITY AND ESPECIALLY SUCH ACTIVITY INVOLVING PHYSICAL CONTACT, MEMBER(S) HEREBY KNOWINGLY AND VOLUNTARILY ASSUME THE RISK OF ANY SUCH DANGERS, AND WAIVE ANY RIGHT OF CAUSE OF ACTION OF ANY KIND WHATSOEVER ARISING AS THE RESULT OF SUCH ACTIVITY FROM WHICH ANY LIABILITY MAY OR COULD ACCRUE TO THE ATA/YMT, IT'S OFFICERS, AGENTS OR EMPLOYEES OR INSTRUCTORS.**

\_\_\_\_\_  
**PARENTS SIGNATURE**

\_\_\_\_\_  
**DATE**

**MEMBERSHIP AGREEMENT**

I UNDERSTAND THAT I HAVE SIGNED A CONTRACT/NOTE WHICH IS CANCELABLE ONLY WITH A 30 DAY WRITTEN NOTICE PRIOR TO THE PAYMENT/CLASS FEE DUE DATE. I AGREE TO PAY \$ \_\_\_\_\_ ON THE FIRST OF EACH MONTH FOR MY CHILD'S PARTICIPATION IN ATA AND KARATE FOR KIDS SATELLITE PROGRAM REGARDLESS OF ABSENCES OF ANY KIND, UNLESS WRITTEN NOTIFICATION OF TERMINATION IS GIVEN NO LESS THAN 30 DAYS PRIOR TO MY CHILD'S TERMINATION OF THE PROGRAM. ALL PAYMENTS/CLASS FEES ARE DUE ON THE 1ST OF EACH MONTH (WITH A \$5.00 LATE CHARGE IF NOT PAID BY THE 10TH) WHICH WILL ALLOW YOUR KARATE FOR KID CHILD TO ATTEND FOUR 45 MIN CLASSES OR TINY TIGERS FOUR 30 MIN CLASSES PER MONTH. I AM AWARE A \$45.00 ATA UNIFORM MUST BE PURCHASED AFTER 30 DAYS OF TAKING CLASS. I AM AWARE THAT THERE IS A TESTING FEE DUE FOR EACH BELT RANK TESTING IN THE AMOUNT OF \$50.00 PER TESTING EVERY 16 WEEKS. I AM AWARE THAT ONCE MY CHILD REACHES THE RANK OF CAMO BELT (IN AN ESTIMATED TIME OF ONE YEAR), ATA SPARRING GEAR WILL BE REQUIRED IN ORDER TO PROTECT MY CHILD FROM INJURY DURING TRAINING. I UNDERSTAND THERE WILL BE A \$50.00 RETURNED CHECK FEE FOR ANY RETURNED CHECKS REGARDLESS OF REASON.

\_\_\_\_\_  
**PARENTS ACCEPTANCE SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**INSTRUCTOR APPROVAL SIGNATURE**

\_\_\_\_\_  
**DATE**

Office Use Only: Belt Size: \_\_\_\_\_ Uniform Size: \_\_\_\_\_