



Alexander's

Martial Arts & Kardio Kickbox

2016

KARATE CAMPS PROGRAM APPLICATION

Child's Name: _____

Age / Birth Date: _____

Elementary School: _____

Grade: _____

***Each page must be completed in its entirety using Black or
Blue ink. (Edited January 2016)***

Phone & Fax: (256) 830-8208 ASK & Camps

Alexander's Martial Arts (AMA)
Camp Programs
(Summer/Fall Break/Spring Break/Day Camp)

PURPOSE

The Camp Program strives to provide a safe, healthy, positive learning environment, with character developing education through martial arts training, while enjoying an individual supportive atmosphere. The summer program is designed to assist elementary school students with their physical, educational, and psychological growth, while having tons of fun.

POLICIES

HOURS OF OPERATION

The Various Camp Programs are in session on from 7:30 am to 5:30pm, on the days specified on the **Camp Reservation Form**. AMA Camps are not in session during the following Federal holidays, Memorial Day, 4th of July, Labor Day, Christmas, and New Year's Day. All campers should be picked up no later than 5:30pm. As of 5:35pm, a late fee will be charged at a one dollar (\$1.00) per minute rate. Payments of late fees are due within 24 hours of the camper's current attendance. Campers **WILL NOT** leave the AMA Camp area until he or she is **SIGNED OUT** by the designated parent/guardian listed within this "Camp Program Application." In case of an emergency, Camp teachers can be reached at (256) 830-8208 or the AMA Front Desk (256) 837-8624; please leave a message if no one is available to answer the phone. The answering machines connected to these numbers are checked regularly.

HEALTH AND SAFETY

If a child exhibits signs of illness, the responsible parent/guardian will be notified and the camper will be excluded from all activities. In the event that a camper becomes physically ill and needs to be picked up, they will be separated from the rest of the campers until a Parent or guardian arrives. Parent/guardian must pick up their camper within an hour of being contacted by AMA staff. In case the parent/guardian cannot be contacted for camper pick up, a local emergency name and telephone number **must be** on file for each child. Information concerning allergies or health restrictions **must also be** on file, along with a physician's name and telephone number. The Karate Program **does not** offer Accident Insurance on the children; therefore, a signed release statement **must be** on file for each child verifying that the parent will assume FULL responsibility for any and all expenses incurred due to injury in the program. Children must wear the correct shoes and appropriate clothing to participate in all sponsored Karate Programs.

SNACKS & LUNCH

A hearty lunch and three (3) snacks are provided by the parent/guardian daily, **PLEASE NO GLASS BOTTLES!!!** Lunches and snacks must not require heating or refrigeration. To prevent unintentional food poisoning, lunch boxes with reusable ice packs should be used when providing your child with dairy or meat items. It is recommended that parents/guardians separate lunch items from the intended snacks to keep your child from eating all of their food in one meal.

PERSONAL BELONGINGS

Personal game devices and toys are only permitted on specified days and must be approved by the Camp Director. AMA staff **will not** take responsibility for any broken, lost, or stolen items. AMA staff will make every attempt to help locate missing items; however, we cannot take responsibility for replacing them. It is advised that parents/guardians check their camper's personal property daily for any unauthorized items. Ensure all your camper's personal belongings are clearly labeled. Cell phones are not allowed to be out during Camp hours; if a child needs to contact their parent/guardian, they will be allowed to use the AMA main business phone. **Camp teachers can be reached at (256) 830-8208 or the AMA Front desk (256) 837-8624; please leave a message if no one is available to answer this phone.** The answering machines connected to these numbers are checked regularly.

DISCIPLINE

Discipline shall be consistent and fair. Limits and rules are designed to be understood by the camper for whom they apply. No corporal punishment will be administered at any AMA Camps. When a child exhibits disruptive behavior, it will be documented and the parent/guardian will be notified. Upon the second infraction, or if the circumstances warrant, the parent/guardian may be called to pick-up the child. A conference will be arranged between the AMA staff and the parent/guardian. Additional offenses may result in suspension or dismissal from the Camp program. A child that has been dismissed will not be eligible for re-enrollment in the program. **IF AT ANY TIME A CHILD'S BEHAVIOR ENDANGERS THE SAFETY OF THEMSELVES OR OTHERS, THE CHILD MAY BE DISMISSED FROM THE PROGRAM IMMEDIATELY.** (See Discipline Statement for further description).

ACKNOWLEDGEMENT OF POLICIES

I ACKNOWLEDGE THAT I HAVE READ AND RECEIVED THIS AMA CAMP PROGRAM PURPOSE AND POLICIES SUMMARY.

Parent/Guardian Signature: _____

Date: _____

REGISTRATION FORM

PLEASE COMPLETE ALL PARTS IN BLACK INK

NAME AGE GRADE

NAME AGE GRADE

NAME AGE GRADE

NAME AGE GRADE

ADDRESS

MOTHER'S NAME H PHONE C PHONE:

PLACE OF EMPLOYMENT W PHONE

FATHER'S NAME H PHONE: C PHONE:

PLACE OF EMPLOYMENT W PHONE3

EMAIL ADDRESS

PLEASE LIST ALL MEDICAL INFORMATION (ALLERGIES, NOSEBLEEDS, HEADACHES, ETC.) OR OTHER INFORMATION REQUIRED FOR THE SAFE CARE OF YOUR CHILD/CHILDREN.

IN THE EVENT OF AN EMERGENCY REQUIRING IMMEDIATE ATTENTION, THE AMA STAFF HAS AUTHORIZATION TO SECURE THE NECESSARY MEDICAL TREATMENT.

PHYSICIAN'S NAME PHONE

I HAVE READ AND UNDERSTAND ALL OF THE POLICIES GOVERNING THE KARATE CAMP PROGRAM AND WILL ABIDE BY THEM.

PARENT/GUARDIAN SIGNATURE DATE

After School Karate (ASK)/ Summer/ Specialty Camp Programs)

Release Authorization

Child's Full Name and Nickname: _____

Date of Birth: _____ Age: _____

School Attending: _____ Grade: _____

Parents / Guardians Names: _____

Address: _____

Home Phone: _____

Employer (Mother): _____

Email Address: _____

Work Phone: _____ Cell Phone: _____

Employer (Father): _____ Cell Phone: _____

Email Address: _____

Work Phone: _____ Cell Phone: _____

Child's Special Interests: _____

Is there anything we need to know? Ex. ADHD, medication, etc. _____

Person(s) to call when, in an emergency, the parent(s) cannot be reached:

Name: _____

Relationship to the Child: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____

Relationship to the Child: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Proposed date of admission: _____

Parent's Signature: _____ Date: _____

AFFIDAVIT for Parents

STATE OF ALABAMA, COUNTY OF MADISON

Before me, a Notary Public in and for said state and county, appeared

_____ and is known to me, after being duly sworn or

(Parent/Guardian print name)

affirmed, says as follows:

That affiant is the parent or legal guardian of the minor child/children listed here:

_____. That affiant has been notified by Joseph Alexander of Alexander’s Martial Arts has filed notice and is exempt under law from regulation by the Alabama Department of Human Resources.

Parent/Legal Guardian signature

Sworn, or affirmed to and subscribed before me this day of _____, 2016.

Notary Public _____(Seal)

My Commission expires on _____

AFFIDAVIT for School

STATE OF ALABAMA, COUNTY OF MADISON

Before me, a notary public in and for said state and county, appeared

_____ and is known to me, after being duly

(Parent/Guardian print name)

sworn or affirmed says as follows:

That affiant is the designated representative of Alexander’s Martial Arts and that the listed parents/guardians have been notified prior to enrollment/re-enrollment has filed notice with and is exempt under law from regulation by the Alabama Department of Human Resources.

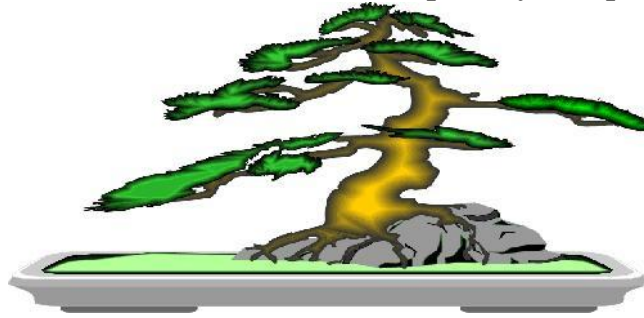
Sworn or affirmed to and subscribed before me this day of _____, 2016.

AMA Employee (print/sign) _____

Notary Public _____(Seal)

My Commission expires on _____

After School Karate (ASK)/ Summer/ Specialty Camp Programs)



CONSENT FOR EMERGENCY TREATMENT

I hereby give permission for my child/children to receive emergency treatment (first aid and CPR) by a qualified staff member of Alexander's Martial Arts.

I also give permission for my child/children to be transported by ambulance, aid car, or staff car to an emergency center for treatment. In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

In case of emergency, and if emergency transportation is needed, I agree to pay all costs of transportation.

Child's Physician:

Physician's Address:

Preferred Hospital:

Hospital Address:

Clinic or Hospital Phone Number:

Medical Insurance:

Insurance Numbers:

Date of Last Tetanus (or DPT):

Allergies:

Father's Name:

Mother's Name:

Parent/Guardian Signature:

Date:

After School Karate (ASK)/ Summer/ Specialty Camp Programs)

Medical Information Form

Child's Name:

DOB:

Child's Name:

DOB:

Parent or Legal Guardian:

Address:

Emergency Numbers

Home:

Mom Work:

Mom Cell:

Dad Work:

Dad Cell:

Additional Contact:

Phone:

Consent & Release Form

(Initials) I hereby give my consent to Alexander's Martial Arts, MYB its instructors, and employees or any emergency medical personnel to administer the necessary treatment to my child (named above). In addition, in the event of an emergency, I give my consent to have my child transported by ambulance, if the situation warrants.

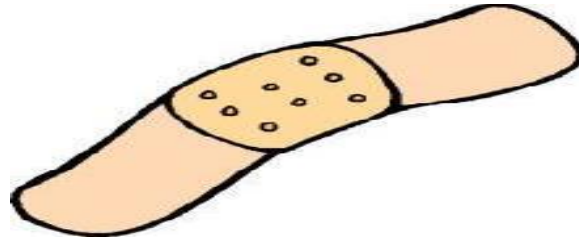
(Initials) I hereby give my consent to Alexander's Martial Arts or MYB its authorized agents to transport any child (named above) to and from Alexander's Martial Arts or other Alexander's Martial Arts authorized activities.

I understand that KARATE, JUDO, TAE KWON DO and all other MARTIAL ARTS are sports involving physical contact and physical exercise. You, buyer and or student, are aware that the student is engaging in physical exercise and self-defense Instruction. It is always advisable that you contact your physician before entering any program of physical fitness (and outdoor sports). The student is voluntarily participating in these activities. I hereby waive and release any claim or right to any damages from Alexander's Martial Arts, its students, employees, instructors, volunteers and management from any and all injuries that may occur on or off this premises, through negligence or not, while participating, practicing or competing in karate of any other Martial Arts Event, Camp or Program.

I understand that while in Karate Camp and/or After School Karate, we will be engaging in the following activities: SWIMMING, PAINTING, MOONWALKS, GO KARTING, AMUSEMENT PARK RIDES, GOING TO THE PARK, MONKEY BARS, ROLLER SKATING, ICE SKATING, BASKETBALL, KARATE, NATURE WALKS and MANY MORE ACTIVITIES AND SPORTS. Being aware of the risks and hazards inherent to the use of certain equipment or the facilities in After School Karate activities, I hereby assume all risk of loss, damage and injury, including death that may be sustained by my child.

In signing this Consent and Release Form, I hereby acknowledge and represent that I have read the foregoing, understand its terms, and sign it voluntarily. **I ALSO ACKNOWLEDGE THAT MY CHILD IS IN EXCELLENT PHYSICAL HEALTH AND IS ABLE TO ENDURE STRENUOUS RECREATIONAL ACTIVITIES AND PLAY, INCLUDING THE ABOVE NAMED ACTIVITIES AND OTHERS NOT MENTIONED OR STATED.**

Date _____ Parents/Guardian Signature _____



Authorization to Dispense Medication and Other First Aid Measures

This form covers both general first aid occurrences (scrapes, bumps, bruises, etc.) & campers who require scheduled doses of medicine. AMA Staff shall not handout prescription or nonprescription medications to any child without specific written authorization from the child's physician and/or parent/guardian. All medications shall be stored in accordance with the prescription instructions and kept in places that are inaccessible to children. Each dose of medication given to a child shall be documented showing the child's name, name of medication, amount administered, date and time, and the name of the AMA staff member dispensing that medication. Parents/guardians will be contacted before any medication is dispensed to their child.

Child's Name: _____ D.O.B. _____

Child's Name: _____ D.O.B. _____

Permission is hereby granted to dispense medication(s) to the above mentioned minor child at the appropriate time.

Parent/Guardian
Signature: _____ Date: _____

DISCIPLINE (BEHAVIOR) POLICY FORM

TO ALL PARENTS/GUARDIANS, KARATE CAMPERS AND AFTER SCHOOLERS: Review the contents of this Discipline (Behavior) Policy and acknowledge your agreement of the terms by signing in the space provided below. The form must be returned with your registration packet.

In an effort to give your child and all students a safe and fun experience, it is necessary that all students exhibit proper behavior, self-discipline and self-control. Correcting unsatisfactory behavior is time consuming and detracts from providing a safe environment full of fun and educational activities.

If the AMA staff is unable to control a situation, we will contact the parent/guardian(s) first by telephone at or near the area of disturbance. It is requested that parents/guardians reinforce (by phone) the requirements that all students enrolled in any AMA program, will behave satisfactorily and follow instructions fully and promptly.

After appropriate warnings to the parents/guardians, students who cannot be controlled by verbal commands or who present a constant disciplinary problem will be suspended without a refund of any type.

DISCIPLINE POLICY: When the AMA staff experiences repeated inappropriate behavior from any enrolled student, that child will be given ample verbal warnings of their improper actions and be given instructions on how to correct the negative occurrences. After being removed (set out) from the group's activity, if the student's negative behavior continues, AMA staff will contact parents/guardians for prompt assistance (by phone) in changing the child's negative actions. Upon the second disciplinary action requiring a phone call to a parent/guardian, AMA staff will **REQUIRE** parents/guardians to immediately make arrangements (one hour or less) to pick-up their child for the rest of the day.

I, _____, hereby acknowledge and have discussed this policy between myself and AMA staff. I understand it and agree to abide by all of its terms and conditions.

(Parent/Guardian print name)

Date: _____ Parent/Guardian Signature: _____

After School Karate (ASK)/ Summer/ Specialty Camp Programs)

Pictures and Video Permission Form

From time to time, Alexander's Martial Arts shoots video or takes photos of the children in their normal daily activities in karate and the After School Karate Program. These photos may be used on our website or in the advertising of these programs. We ask that our parents release the use of such images by signing this form below.

I give Alexander's Martial Arts permission to take pictures/video of my child, while engaged in normal daily activities at Alexander's Martial Arts and activities sponsored by them. I understand these images may be used in ads for the program, in art projects the kids are doing in the program, or for "bulletin boards" or other decoration within the school.

Parent/Guardian's Signature: _____

Date: _____