

SHO-KWON-DO-KI MARTIAL ARTS ACADEMY LLC

At The

Maryland International Day School

Program Hours: Monday & Wednesday Evenings 4:45 until 5:45 p.m.

(PLEASE PRINT NEATLY ON APPLICATION FOR YOUR CHILD)

CHILDS NAME (IN FULL) _____

AGE: _____ DATE OF BIRTH: _____ MALE { } FEMALE { }

COMPLETE HOME ADDRESS: _____

CITY, STATE, ZIP CODE: _____

LEGAL GUARDIAN NAME: _____

MOM { } DAD { } OTHER { } HOME #: () _____

WORK #: () _____ MOBILE #: () _____

HOME E-MAIL: _____ WORK E-MAIL: _____

DURING EMERGENCY, CONTACT (OTHER THAN ABOVE LISTED PARENT)

NAME: _____ RELATIONSHIP: _____

HOME #: () _____ WORK#: () _____

MOBILE#: () _____ E-MAIL: _____

Does your child have any health problems or physical limitation that could affect his/her study of martial arts? { } Yes { } No

If yes, please explain: _____

Has Your Child Taken Any Type of Martial Arts Before? Yes { } No { }

If Yes, What Style: Taekwondo { } Shotokan Japanese { } Kung Fu { }

Other: _____

Name of previous Instructor and School: _____

List Last Belt Achieved: _____ Year Achieved Belt _____

Grandmaster Greg Davis
301-848-5948Sabum Robin Tolson
301-536-3332

**Fees Are To Be Paid On a Semester Basis to
SHO-KWON-DO-KI MARTIAL ARTS ACADEMY**

Fall Session ----- September 16, 2013 until January 10, 2014

Spring Session ---- January 20, 2014 until May 28, 2014

Semester Fees are \$220.00 Per Student

Installation Payment Dates:*

Fall – Initial payment of \$110 is due on Sept. 16th; Balance of \$110 is due on Nov. 15th

Spring - Initial payment of \$110 is due on Jan 20th; Balance of \$110 is due on March 14th

Multiple students per family: Two students - \$200 per child; Three students - \$180 per child

*A fee of \$35 will be assessed for late payments

Additional Fees: *Uniforms - \$40 (includes SKDK patch)*
 Individual patch - \$10
 Testing/Rank - \$40 (paid when instructor notifies of date and eligibility)

WAIVER and RELEASE OF LIABILITY

In consideration of my child participating in the **SHO-KWON-DO-KI Martial Arts Academy LLC**, and related activities, I do, for myself and my family, heirs, executors, representatives, administrators and assigns, hereby waive, release and forever discharge **SHO-KWON-DO-KI Martial Arts Academy LLC**, doing business as **Grand-Master Gregory O. Davis Sr., SHO-KWON-DO-KI Martial Arts Academy LLC.**, and its respective officers, directors, employees and agents, from and against any and all claims, liabilities and cause of action, whether foreseeable or unforeseeable, which may at any time arise out of or related in any manner, directly or indirectly, to my taking martial arts or participation in any services or programs related activities thereto. This Waiver and Release shall include, but not be limited to a release of all claims, liabilities and causes of action which may arise at any time in connection with any personal or other injury to me or your child or others, or death, caused by or related to my or your child participating in martial arts or participation in any services or program related thereto. I, the undersigned, do hereby waive all claims against **SHO-KWON-DO-KI Martial Arts Academy LLC** its staff, and instructors and Maryland International Day School (MIDS) for any injuries that my child(ren) may sustain while participating in training and classes. I assume full responsibility for any, and all of my child(ren)'s actions during and in connection with **SHO-KWON-DO-KI Martial Arts Academy LLC**.

I understand that the completion of this form will not result in any type of diagnosis of disease and that it is not intended as a substitute for consultation with your child personal physician. Your child must consult his/her own personal physician for any evaluation of your child's health. As the legal guardian I have read and answered all questions on this document truthfully to the best of my knowledge, and I concur with all the terms therein. My signature is the indicator of this documentation.

Print Parent's Name: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____