

# YCTA AFTER SCHOOL PROGRAM APPLICATION

## Personal Information:

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Student's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Emergency Contacts:

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone (other): \_\_\_\_\_

## Fee Schedule: Register for \_\_\_\_\_ (Circle Semester Below)

Fall Semester  
September – December

Spring Semester  
January – June

\*Once signed up, there will be no cancellations accepted for the After School Program (ASP) contract.

\*It is understood and agreed if a parent/guardian would like to cancel their ASP contract, a two-week notice is required plus an early termination fee of \$300/semester.

\*It is understood and agreed that any payment will not be returned to the student or buyer for any reason.

\*It is understood that payments must be made on the Friday before the beginning of the next scheduled week of your program.

\*Weekly Tuition: \$135/week\* \*Initiation Fee (Non-Member): \$129\* \*Renewal Fee: \$10\*  
(Initiation Fee covers TKD Uniforms, Patches, and TKD Bags)

## Waiver and Release:

I agree to waive any and all claims against persons connected with Yi Champions Tae Kwon Do Academy. This should also serve as permission to have the above student(s) transported and to receive any and all emergency medical health care should the situation arise. I understand that Yi Champions Tae Kwon Do Academy reserves the right to remove my child from the program and Yi Champions Tae Kwon Do Academy is not responsible for personal property lost or stolen while members and/or program participants are using Yi Champions Tae Kwon Do Academy's facilities or on premises. I give permission to Yi Champions Tae Kwon Do Academy to use, without limitation or obligation, photographs, film footage, my child's image or voice for purpose of promoting or interpreting Yi Champions Tae Kwon Do Academy's program. This also serves as specific permission to transport my child to and from the facility. I acknowledge the waiver and accept the conditions set forth above.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_