

HOW DID YOU HEAR ABOUT US?

- Previously Enrolled
- Mail Flyer/Postcard
- Magazine/Paper Ad
- Signs
- Referred By:



3211 Fry Rd Katy, TX 77449
281-492-2411 www.akasportscamp.com

- Before School
 - After School
 - Summer Camp
- Notes: _____

CHILD CARE ENROLLMENT FORM

Owner/Director Name: **Leb Kemp** Date of Enrollment: _____

Student Full Name: _____ Gender _____
Last First Middle

Student Address: _____ Date of Birth: _____
Street City Zip

Enrolling Custodial Parent/Guardian Name:

1. _____ Relationship: _____
Last First

Driver's License # _____ State: _____ Email: _____ @ _____

Reliable Phone: _____ Work: _____ Cell: _____

Secondary Parent/Step-Parent/Guardian Name:

2. _____ Relationship: _____
Last First

Driver's License # _____ State: _____ Email: _____ @ _____

Reliable Phone: _____ Work: _____ Cell: _____

****Parent Marital Status:** Married ● Divorced ● Single **Child Lives With:** Mother ● Father ● Step-Parent ● Grandparent ● Other

If Applicable - Non-Custodial Parent/Guardian: _____ Relationship: _____
Last First

Address: _____ Phone: _____
Street City/State Zip

May the non-custodial parent pick up the child? YES _____ NO** _____ (Initial) NOTES: _____

Issues involving non-custodial parents must be addressed outside of American Kids Athletics. . If there is an OFFICIAL change in custody agreements that affect the pick-up arrangements for your child, AKA must have a copy of these orders for our files. We will not just accept a phone call or note stating that a non-custodial parent is no longer allowed to pick up a child. This places our staff in a potentially dangerous position as being the one who has to inform and then enforce this request.

Emergency Contact:

(Name of relative or friend who may be reached in an emergency, who is also authorized to pick up your child)

Name Reliable Phone

The following individuals, in addition to the enrolling and secondary parent/guardian(s) listed, are authorized to pick up my child:

| | |
|-------------------|-------------------------|
| School Attending: | School Telephone Number |
|-------------------|-------------------------|

My child's immunization, vision, and hearing screening records are on file at the school and all immunization and tuberculosis test results are current. **Yes** _____ / **no** _____ **(Initial)** *(If on file at school, we don't need a copy)*

I have received, read, and I understand the contents of the Parent Handbook _____ **(Initial)**

List any special problems that your child may have – such as allergies, existing illnesses, previous serious injuries, in the past 12 months, **any medication** prescribed for continuous use, or any other information that the staff should be aware of **(if none, please indicate)**:

TRANSPORTATION: (circle one) I hereby **give / do not give** my consent for my child to be transported in vehicles provided by AKA (bus, van, or personal staff vehicles as deemed necessary) and supervised by this facility's staff – **(Initial where indicated)**

To and from school _____, **on field trips** _____.

WATER ACTIVITIES: (circle one) I hereby **give / do not give** my consent for my child to participate in water activities in **Splashing pools** _____, **wading pools** _____, **swimming pools** _____, **other bodies of water provided by the staff** _____. **(Initial where indicated)**

Parents comment: _____

Payment Terms

The Enrolling Parent/Guardian is considered by AKA to be the Financially Responsible Party. I understand that **Weekly Tuition is due by Monday evening or a \$20 Late Fee will be charged (PER DAY).** I will contact the AKA Director or Office Manager on or before Monday to make arrangements if for any reason I cannot pay on time. I also understand that AKA does not offer Half or Partial Weeks. We do not offer "Vacation Weeks" during the school year. If my child is absent for any week during the school year, including holidays and other school breaks, one half of normal tuition is due.

Date _____ Signature of Enrolling Parent/Guardian _____

Liability Waiver and Publicity Release

I/We hereby agree that I/We and the registrant herein will abide by the rules of AKA, its affiliates and sponsors. I/We hereby give approval for the participation of myself and/or my child in any and all activities with any and all AKA, and affiliated associations or child care activities. Recognizing the possibility of physical injury associated with martial arts and other physical activities in consideration for AKA accepting the registration fee for its martial arts or child care program, I/We hereby assume all risk and hazards incident to such participation. I/We hereby release, discharge, absolve, indemnify, and agree to hold harmless AKA, its affiliated organizations and sponsors, their employees and associated personnel, the organizers, supervisors, referees, officers, directors, participants, persons or parents transporting registrant to or from such activities, including the owners of the facilities utilized for the activities against any claims arising out of injury to myself and/or my child by or on behalf of the registrant as a result of the registrant's participation in the activities, including transportation (by bus, van or personal staff vehicles as deemed necessary) to and from said activities which transportation I/We do hereby authorize.

Furthermore, I/We know of no impairment or deficiency in physical health or otherwise that would limit or prohibit my child from participating in daily activities and/or game competition. I/We agree to advise and make known to the instructor and/or AKA Staff of any change in the physical health or any other condition that would limit or prohibit the above named student from participating in practice sessions, games, or other AKA sponsored activities.

Although American Kids Athletics does not sell, rent, or disclose personal information to outside entities. Any photographs or videos taken of my child during daily activities may be used for promotional and/or business networking purposes without liability or compensation.

Date _____ Signature _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION – COMPLETE IN FULL

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

| | | |
|------------------------------------|---------|------------------|
| Name of Licensed Physician | Address | Telephone Number |
| Or to (name of hospital or clinic) | Address | Telephone Number |

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian for the above-named student, I/We hereby give my consent for emergency medical treatment prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependant.

Date _____ Signature _____