

Keumgang Martial Arts Academy Emergency Contacts and Medical History

Child's name: _____

Child's age: _____ Date of Birth: _____

Child's School: _____ Grade: _____ District: _____

Parent's name: _____

Cell Phone: _____

Email Address: _____

List all approved adults, including other parent, who is allowed to pick up your child with a valid state or government ID: (Include their phone number and relationship to child.)

Does your child have any allergies? If none, write "NONE."

Does your child have any medical conditions? If none, write "NONE."

Parent's Signature

Date

KMAA's ZERO TOLERANCE POLICY on Bullying

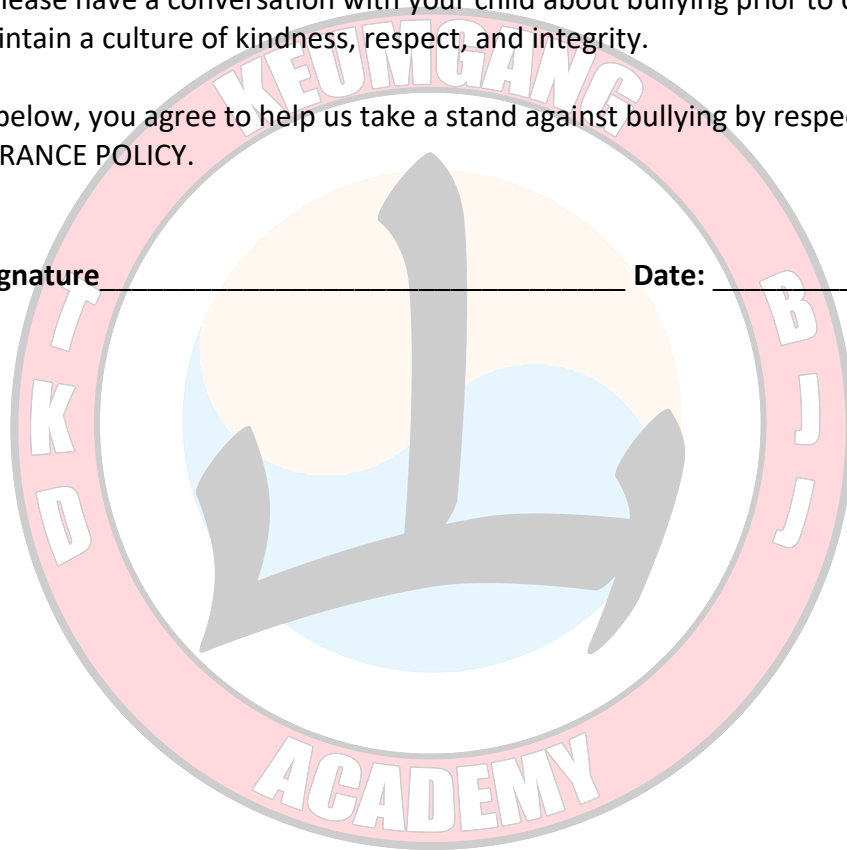
KMAA is 100% committed to the physical and emotional safety of our students. We take ANY FORM of bullying seriously and will not allow it whatsoever on our campus. Any minor incidents will result in an immediate warning, exclusion of daily activities, and a report will be sent home to the parents. Any following instances will result in the expulsion of your child from our camp, and no refunds will be issued. For any significant instances of bullying, you will be required to immediately pick up your child from camp and he/she will be expelled from the program and no refunds will be issued.

We appreciate your cooperation in maintaining the safety and well-being of all of our students. Please have a conversation with your child about bullying prior to camp to help us maintain a culture of kindness, respect, and integrity.

By signing below, you agree to help us take a stand against bullying by respecting our ZERO TOLERANCE POLICY.

Parent's Signature _____

Date: _____



KMAA Summer Camp Permission Slip and Terms and Conditions

Thank you for registering your child in the KMAA E-Learning and After School Program! We are committed to making your experience with KMAA amazing! Please read the terms and conditions below and then sign and date the bottom.

Child(ren)'s name(s): _____

By signing this agreement, I am enrolling my child in the KMAA E-Learning and After School Program, also referred to as "KMAA." I hereby give permission to KMAA for my child to participate in a variety of outdoor and indoor sports activities, jumping in an inflatable bounce house, transportation to and from field trips on KMAA vehicles, and other physical activities that may not be listed here. I understand that there are certain risks of injury inherent to my child in the practice and play of the physical activities that are offered by KMAA, as well as in traveling on KMAA vehicles and other related activities incidental to my child's participation. I am fully willing to assume these risks for my child. I hereby certify that my child is fully capable of participating in the KMAA E-Learning and After School Program and that he/she is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as included in writing with this waiver. In addition to giving full consent for my child's participation, I do hereby waive, release, hold harmless, and covenant not to sue KMAA, its officers, coaches, employees, sponsors, supervisors, and representatives for any injury or loss that may be suffered by my child during the participation in the activities included in the KMAA E-Learning and After School Program and or camps, whether the result of negligence or any other cause. By enrolling in the KMAA E-Learning and After School Program, or any of the KMAA sports classes; I acknowledge and agree to these policies by signing and dating this agreement below. I understand that all "VIP" single payment memberships are non-refundable or transferable. If I choose to cancel my "Entire School Year" membership, I agree to pay 30% of the remaining balance. If I choose to cancel my "weekly summer camp" membership, I must give KMAA a 30-day notice before the next billing cycle and pay 4 weekly payments during that time. A cancellation form supplied by an KMAA Director must be completed to give official notice. I understand that no refunds or credits will be issued if my child misses any days of the KMAA E-Learning and After School Program. KMAA only accepts credit card payments. Cash, checks, or money orders are not accepted. If my child is sick, he/she will not be allowed to return to KMAA until 24 hours have passed after my child's last symptoms. Tuition is collected by KMAA 7 days prior to each weekly session. I understand that if my tuition is late due to an expired or invalid credit card, or insufficient funds, the KMAA billing system will automatically charge my account a \$15 late fee. I understand that I must pick up my child by 6pm each day. At 6:05pm my account will automatically be charged \$1 per minute that I am late. On certain camp days, field trips are optional and will cost \$15 per trip. My child is required to wear an approved KMAA T-shirt on each field trip. I will have the opportunity to register for field trips in person by signing the registration form at the welcome desk in the KMAA lobby. Refunds or credits are not issued for missed field trips. I understand and give permission for my child to be photographed and video recorded for marketing purposes. I also agree that no monetary compensation will be given for the use of these photos or videos and they are the property of KMAA. KMAA offers snacks and drinks for sale for \$1 each that my child may purchase with cash. During camp, my child is required to bring a bagged lunch and two snacks per day. My child is also required to bring a bottle of water to be refilled throughout the day. If my child does not bring a bottle, one will be provided for \$1 that will be charged to my account. To ensure the safety and security of my child, I understand that any approved adult on my emergency contact form will need to provide a proper state or government issued ID in the event that they have to pick up my child from KMAA.

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

Keumgang Martial Arts Academy

Covid-19 Waiver of Liability

Please read thoroughly & sign below

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19, the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Keumgang Martial Arts Academy, hereby referred to as ("KMAA Summer Camp, KMAA Evening Martial Arts, KMAA After School Program") has put in place preventative measures to reduce the spread of COVID-19; however, the Program cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Program could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Program and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Program employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Program or participation in Program programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Program, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Program, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Program.

Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____

Name of Program Participant(s): _____