

Tech MMA & Fitness Academy's

Ninja Warrior Adventures

After-School Character Development Program Enrollment

Date of Registration: _____ **Email:** _____

_____ Completed Registration Paperwork w/ \$99 (check for registration fee)

_____ Completed Paperwork w/ \$49 (Only for current families re-enrolling in
program due by May 15, 2024

CHILD INFORMATION:

Child's Full Name: _____ Nickname: _____

DOB: _____ Male / Female (circle) Grade: _____ School _____

Home Phone: _____

Address: _____

PARENT INFORMATION:

Mother's Name: _____ **Marital Status:** _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Employer's Address: _____

Work Hours: _____ Email Address: _____

Father's Name: _____ **Marital Status:** _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Employer's Address: _____

Work Hours: _____ EmailAddress: _____

Pick up information and Procedure

* I understand that pick up is no later then 6:30 and that I will be charged an additional fee for any late pickup. * \$1.00 per minute for late pickup . Pick Up on camp days will be no later then 5:30pm. * Only people from my approved list are allowed to pick up my child. * I will pick up my child in person, at the specified location, allowing for the safest transition of my child into my care. * In the event of a late pick up I am responsible for letting Tech MMA & Fitness Academy School know of my tardiness, an estimated time of my arrival, and will make sure that a Tech MMA & Fitness Academy's staff member knows when I have arrived by going through the lobby to pick up my child. Please list the name/s (and relationship) of anyone who is allowed to pick up your child from the after school program. Anyone picking up a child from After School is required to have a photo id at the time of pick up.

* I have read and understand these rules and procedures:

Parent or Guardian

Signature: _____

Date: _____

WHY Tech MMA & Fitness Academy's Martial Arts / Ninja Warrior Adventures After School Program?

- After School bus drop-off Monday-Friday (CES and CPS) at our door.
- After School pick-up from Tech MMA bus Monday-Friday (Kipps, PFE, MBE, FBE and Harding Ave).
- Action packed Tae-Kwon-Do / self-defense Classes.
- Fun filled American Ninja Warrior Adventure classes.
- Prevention training against bullying.
- Developing character and self-discipline.
- Homework Help.
- Summer Camp weekly rate reduction
- Includes ALL Early Release.
- No school No problem camps provided from 7:45am to 5:30 pm.

After School Program Rates:

It's Easy.

1st.. Option. Monthly \$389 per month payment due no later than the 15th of the month.

2nd Option. We will work with payments also on a weekly basis if needed at \$100 per Week.

Open "Camps" at additional cost \$35 vs \$75 non-member 7:45am-5:30pm when schools are not open.

Example Snow Day.

WE ARE OPEN : All Teacher Work Days

Election Day

Day Before Thanksgiving

Winter Break 12/27-12/30

MLK Day

Presidents Day

WE ARE CLOSED : Labor Day

Thanksgiving/Day After

Xmas

New Years

Snow Days Code 4/5

Labor Day

Credit Card Authorization Form
Tech MMA & Ninja Warrior Adventures
After School Program

I elect to pay my installment payments by Debit/Credit Card. I understand and agree that should I discontinue this payment method there will be a \$10.00 fee added to each monthly Installment to cover the cost of processing and handling.

\$389 per month / \$100 per week.

Sibling discount 2 children \$725.00 per month, 3 children \$1049.00 per month.

Also \$1 per minute over 6:30pm pick up based on your signing your child out.

I, _____ Authorize Tech MMA & Ninja Warrior Adventures

Print Name of card holder

to make payment as chosen below. The payment method is also indicated below and will post to my credit/debit card by the 15th of each month unless weekly, semester or yearly is checked.

○ My account # _____

Expiration Date: _____

CVC #: _____

Zip Code: _____

○ Name of Card Holder : _____

○ Address to whom card belongs to: _____

○ Phone: _____ Email: _____

• I chose to pay Weekly _____

• I chose to pay Monthly _____

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Child's Name that payment issued covers: _____

****IF for some reason you need to cancel your child's afternoon program you must give Tech MMA 45 days prior notice of cancellation.**

Account Holder's

Signature: _____ Date: _____

****IF for some reason you need to cancel your child's afternoon program you must give Tech MMA 45 days prior notice of cancellation.**

Account Signature for cancellation policy- _____

NINJA WARRIOR ADVENTURES AFTER SCHOOL WAIVER AND RELEASE

CHILD'S NAME _____

ELEMENTARY SCHOOL _____ GRADE _____

I _____ (PARTICIPANT OR PARTICIPANT'S PARENT OR GUARDIAN IF PARTICIPANT IS UNDER THE AGE OF 18 YEARS), have requested the use of Tech MMA and Fitness Academics facilities and/or equipment, training, instruction, and activities incidental thereto, individually and collectively at Tech MMA and Fitness/ Ninja Warrior Adventures at 215 County Drive, Christiansburg, VA 24073. I understand that this waiver and liability is being executed in favor of Tech MMA and Fitness Academy and its owners, employees, counselors, coaches, and teachers ("Releasees"). I understand and acknowledge that serious disabilities, death, accidents, and injuries can occur during Tech MMA training and Ninja Warrior Training and the use of the facilities and equipment in which those MMA, Fitness, and Ninja Warrior Activities are held and release all responsibility on the facility, Tech MMA and its equipment including the owners and trainers of each and every camp and class.

I understand I, nor my child will not be permitted to participate in any and all Tech MMA Classes and/ or Ninja Warrior training camps without executing this waiver and release for myself and/or my child. I understand and agree that this Agreement is a full and final release covering all known and unknown and unanticipated injuries, debts, claims, and damages to him/her that have arisen or may have arisen from any matters, acts, omissions, or dealings released in this agreement.

I also acknowledge the risks involved in the activities offered at Tech MMA and Fitness Academy. These include but are not limited to injury, illness, accident and death. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in these activities. By signing below I forfeit all right to bring a suit against Tech MMA and Fitness Academy for any reason. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I HEREBY AFFIRM AND ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT. I HEREBY AFFIRM AND ACKNOWLEDGE THAT I UNDERSTAND ITS CONTENTS AND AGREE TO BOUND THEREBY. IF I AM UNDER THE AGE OF EIGHTEEN YEARS, MY PARENT/GUARDIAN HAS READ AND COMPLETED THE SECTION BELOW.

STUDENTS NAME PRINTED	Parent SIGNATURE	DATE
The undersigned parent/legal guardian of _____ ("participant") hereby executes the foregoing Waiver and Release on behalf of the minor named herein and I hereby bind myself; the minor named herein, his/her executor administrators, heirs, successors, assigns and next of kin, to the terms of this Waiver and Release. I represent that I have the legal capacity and authority to act for, or on behalf of, the minor named herein. I agree to indemnify and hold harmless the persons and entities named herein from any claims and liabilities, which may be assessed against them as a result of, or arising out of my legal capacity, or my authority to act for and on behalf of the minor named herein in the execution of the Waiver and Release or my execution of the Waiver and Release.		

Signature of Parent or Guardian _____ Date _____

Printed Name of Parent or Guardian _____ Email _____

Emergency Contact Phone Number _____