

Little Kids Aikido

Registration (ages 6-8)

1 day per week \$70 per month

2 days per week \$90 per month

Class Day/Time (please circle what day(s) your child is attending)

Monday Tuesday Wednesday Thursday Friday Saturday

To help us better provide an enriching learning environment please circle the appropriate number describing your child's strengths and challenges, based on his or hers classroom history.

Gross motor ability

(General physical coordination)

0	1	2	3	4	5	6	7	8	9	10
Poor					Average					excellent

Fine motor ability

(Small detailed skills such as drawing and painting)

0	1	2	3	4	5	6	7	8	9	10
Poor					Average					excellent

Socialization

(Your child's ability to attend class, follow directions, compromise, practice
Respect, cope with challenges and disappointment)

0	1	2	3	4	5	6	7	8	9	10
Poor					Average					excellent

Completion of attached registration, medical information, and hold harmless accompanied with a deposit equal to one month's tuition will reserve your child's space in this program.

The following Registration, Medical History, and Hold Harmless/Release, are to be completed by the parent (or legal guardian), signed, dated, and returned to the instructor prior to class participation. All information contained herein shall be considered personal and confidential.

Name of Student:

How did you hear about us?

Date of Birth:

Telephone #:

Address:

E-Mail:

MEDICAL HISTORY/RELEASE

Emergency Contact info

Person to notify in event of emergency:

Telephone #:

Relationship:

Is instructor authorized to seek direct medical attention in the event the above referenced emergency contact is not available?

If so, do you have a preference regarding physician/facility?

1. Please indicate if there are any medical or psychological conditions including allergies that may affect in any way your child's participation in the Art & Motion program:
2. If you answered yes to the above question please indicate whether your child is currently under a physician's care.
3. Please list any medications that your child is currently taking. Please include all prescriptions, homeopathic, naturopathic, over the counter, and nutritional supplements.
4. Has your child ever suffered any kind of injury involving the muscular or skeletal system?
If yes, is said injury recent or chronic?

The undersigned do hereby certify that the information contained herein is true and correct to the best of my knowledge and hold Island Aikido/The Island Art Center harmless for any injury/accident occurring as a result of non disclosed medication(s) or pre-existing medical condition(s).

Date:

Name of Student (please print) Signature of Student (or legal guardian)

HOLD HARMLESS/RELEASE

The undersigned agrees not to hold Sensei Chris Mills, and his referenced affiliates, Island Aikido, Tombo Dojo, The Island Art Center herein referenced as such, responsible or liable for any personal harm or injury that may be sustained by the student while participating in any Aikido and Art & Motion program instructed and overseen by the aforementioned instructor and his referenced affiliates.

The student(s) or legal guardian(s) of the student assume unto themselves, the risk of injury due to negligence while attending and participating in this Aikido classes.

The undersigned student(s), or legal guardian(s) of the student, covenants not to sue or engage in any legal action against the aforementioned instructor and his referenced affiliates for restitution or compensation, which suit may result from a claim of personal injury or loss of personal property. In addition, the undersigned agrees to hold harmless the aforementioned instructor and his referenced affiliates against all damage, loss or expense which the student(s) or legal guardian(s) may incur as the result of a claim or action which may at any time be made or instituted by or on behalf of the undersigned student or his representative, including, without limitation. Any claim or action based upon negligence of the aforementioned instructor and his affiliates.

Name of Student or Legal Guardian (please print)

Date

Signature of Parent (s)

Visa #	
MasterCard #	
Expiration date	
Name on Card	
Zip code	

The Island Art center has permission to automatically deduct tuition payment on the first of each month.

Card holders Signature _____