

SCHOOL BREAKS @ RISEN REGISTRATION FORM



CHILD'S NAME: _____ AGE: _____

SEX: _____ M _____ F DATE OF BIRTH: _____

SIBLING'S NAME: _____ AGE: _____

SEX: _____ M _____ F DATE OF BIRTH: _____

CHECK THE WEEKS YOU ARE REGISTERING FOR

_____ WEEK 1: STAR SPANGLED BANNER

_____ WEEK 5: NERF

_____ WEEK 2: SPORTS

_____ WEEK 6: OLYMPICS

_____ WEEK 3: WIZARD

_____ WEEK 7: LEGO

_____ WEEK 4: CARNIVAL/FAIR

_____ WEEK 8: BEST OF SUMMER

****NOTE: NO CAMP JULY 1-5 AND AUGUST 5-9**

FIRST CAMPER

STUDENT WEEKLY RATE

1 WEEK - \$235
4+ WEEKS - \$225
6+ WEEKS - \$220
8+ WEEKS - \$215

OF WEEKS: _____

WEEKLY RATE: _____

TOTAL: _____

of Weeks x Weekly Rate

NON-STUDENT WEEKLY RATE

1 WEEK - \$250 6+ WEEKS - \$235
4+ WEEKS - \$240 8 WEEKS - \$230

SIBLING

SIBLING WEEKLY RATE

1 WEEK - \$225
4+ WEEKS - \$215
6+ WEEKS - \$210
8+ WEEKS - \$205

OF WEEKS: _____

WEEKLY RATE: _____

TOTAL: _____

of Weeks x Weekly Rate

X # OF SIBLINGS: _____

SIBLING(S) TOTAL: _____

Total x # of Siblings

TOTAL RATE: _____

Final Total

DEPOSIT DUE: _____

\$50 per Week

****A \$50 PER WEEK NON-REFUNDABLE DEPOSIT IS REQUIRED AT TIME OF SIGN-UP. THE BALANCE FOR EACH WEEK MUST BE PAID BY THE FRIDAY PRIOR TO THE START OF THAT WEEK OF CAMP (EX: WEEK 4 DUES MUST BE PAID THE FRIDAY BEFORE WEEK 4 CAMP STARTS). DAYS MISSED WILL NOT BE ELIGIBLE TO BE MADE UP OR REFUNDED.**

BREAKS @ RISEN TAEKWONDO REGISTRATION FORM

All registration forms are required to be completed in full with a copy of your child's immunization form. Note: We cannot hold incomplete registration packets.

CHILD'S INFORMATION

FIRST NAME: _____ LAST NAME: _____ AGE: _____
SEX: ___ M ___ F DATE OF BIRTH: _____ CURRENT SCHOOL YEAR GRADE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN INFORMATION

NAME: _____ RELATIONSHIP: _____ DATE OF BIRTH: _____
DAYTIME PHONE: _____ CELL PHONE: _____ EMAIL: _____

PLEASE CIRCLE IF ADDRESS IS SAME AS ABOVE Y / N

IF NO: ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAME: _____ RELATIONSHIP: _____ DATE OF BIRTH: _____
DAYTIME PHONE: _____ CELL PHONE: _____ EMAIL: _____

PLEASE CIRCLE IF ADDRESS IS SAME AS ABOVE Y / N

IF NO: ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MEDICAL INFORMATION

INSURANCE GROUP NAME: _____ INSURANCE ID NUMBER: _____

PLEASE LIST ANY ALLERGIES/MEDICAL CONDITIONS: _____

PRIMARY PHYSICIAN'S INFORMATION - NAME: _____ PHONE: _____

PLEASE LIST ANY SPECIAL ACCOMMODATIONS YOUR CHILD MAY NEED TO PARTICIPATE IN OUR PROGRAM: _____

EMERGENCY CONTACTS/AUTHORIZED PICK UP (OTHER THAN PARENT/GUARDIANS)

Please provide names/numbers of individuals who may be contacted in case parent/guardians cannot be reached, these individuals may also pick up your children with written notice.

NAME: _____ RELATIONSHIP TO CHILD: _____
DAYTIME PHONE: _____ CELL PHONE: _____

NAME: _____ RELATIONSHIP TO CHILD: _____
DAYTIME PHONE: _____ CELL PHONE: _____

DO YOU HAVE ANY CUSTODIAL AGREEMENTS/PERSONAL SITUATIONS WE SHOULD BE AWARE OF? YES / NO

IF YES, PLEASE SHARE ANY RELEVANT INFORMATION: _____

OFFICE USE: ___ REGISTRATION ___ IMMUNIZATION RECORDS ___ PAYMENT RECEIVED \$ ___ DATE: ___ INITIAL: ___

Please read the following paragraphs carefully and indicate your understanding and agreement by providing initials as requested and signing below:

Waiver & Release

I hereby grant permission for my child to participate in the Summer @ Risen Taekwondo program and acknowledge to me in the policies, procedure, and hereby agree to the program guidelines. I wish to proceed in enrolling my child into this program.

_____ (Initial)

I, the "Responsible Party," hereby assume, for and on behalf of my child, all risks and hazards incidental to such participation in the programs offered by Risen Taekwondo, LLC, hereby referred to as the "Company" located at 35 Kendall Way, Malta, NY 12020. I hereby affirm my legal relation to the Student listed in the registration forms. I also recognize the difficulties and challenges involved in the outdoor, sports programs and camps, Taekwondo, and that my child is sufficiently physically and psychologically fit to participate and has not been advised otherwise by a physician. I, the Responsible Party, hereby recognize that there are risks of injury common to any martial art and/or summer programs and that my child will participate in, and I agree to indemnify and hold harmless the Company/Risen Taekwondo, LLC, and forever waive and release the Company, its employees, personnel, heirs, successors, sub-contractors, and administration from and against any and all claims, causes of action, damages, costs, demand or suit of loss, injury, expense of judgements, liability for injuries or damages which may arise as a result of participating in this program and its trips and activities, including but not limited to, reasonable attorney's fees and the costs of disbursements of any legal actions. I do hereby certify that my child is fit to take part in a vigorous contact sport, such as martial arts and I have had the opportunity to observe in said programs that the company offers prior to signing this agreement. I recognize that the company holds no obligation to further my child's rank without proper class attendance, attitude, behavior, and progress, which shall be determined at the sole discretion of the Company.

The Company will demonstrate proper use of equipment and techniques, the Responsible Party hereby recognizes that this alone does not eliminate the risk of accidents and/or injuries. The Company does not warrant the protective equipment provided. I do hereby waive, relinquish, release, discharge, and hold harmless from any and liability, for physical or mental injury or aggravation of any pre-existing illness, handicap, death, loss of enjoyment, or any other harm or loss of nature which may be sustained by my child while participating in the program. I hereby assume all the risks inherent and incident to this type of program as a condition precedent to signing this agreement. The scope of this agreement extends to any actions taken by Risen Taekwondo LLC, its employees, personnel, volunteers, and the instructor of any class or activity in responding to any emergency and/or medical situation of event. I further agree that they may act in an emergency as best fits the situation in the event either myself or emergency contact cannot be timely reached.

I hereby recognize that the Company offers a program that teaches a full-contact sport and thus the employees of the Company and/or other students and guest instructors will be engaged in a program that requires physical contact. I hereby give full consent to such contact as required by the program.

I further understand that the filed trips provided by the program are not mandatory and that I give permission to the Company to provide transportation to and from the program, as well as supervise my child for the duration of the trip. I understand that my child must be picked up within 10 hours of being dropped off.

Parent/Guardian Signature: _____ Date: _____

Company Representative Signature: _____ Date: _____

Financial Agreement

I understand that my child's lack of attendance does not relieve me of my financial and contractual obligations.

I understand that all fees are due the Friday before my child's week of camp begins.

I understand that a non-refundable \$50 per week deposit is due at time of signup to reserve my child's spot in the program.

I agree to pay the program fees until the balance is paid in full.

I agree to pay a \$30 service charge for all returned checks.

I understand that I must select the weeks that my child will be attending the program by June 1, 2024.

I understand that any outstanding debts shall prohibit me and my child from enrolling and/or participating in any other Risen Taekwondo, LLC program until the balance is paid in full.

Parent/Guardian Signature: _____ Date: _____

Photo/Video Release

I hereby forever release the rights to photos or videos taken at or by the Company for marketing use and hereby forever waive and release the Company, its heirs, successors, administrators, employees, and volunteers from and against any and all claims, actions, causes of action, damages, costs, liabilities, demand or suit of loss, injury, expense of judgements, including compensation, attorney's fees, and court costs, that may arise out of the use of myself or my child's photos and/or videos by the Company.

Parent/Guardian Signature: _____ Date: _____

Sunscreen Notice & Permission

The participants in the program offered at Summer @ Risen Taekwondo regularly participate in outdoor activities, we strongly recommend all out participants to wear sunscreen of at least SPF 15 prior to attending the program. There is a strong correlation between the sun's UV ray exposure/sunburns to increase risks of skin cancer later in life. We at Risen Taekwondo, LLC hereby recommend...

1. All Participants apply at least one layer of SPF 15 (or higher) sunscreen prior to arriving at program.
2. Parents/Legal Guardians are responsible for providing their children with enough sunscreen for the duration of the day at the program.
3. Please clearly indicate the child's name on the bottle as they will not be able to borrow/share others' products.
4. No spray sun-screens please!
5. We, the Company will routinely remind our students to apply sunscreen.
6. We, the Company may assist in helping our students apply sunscreen if they are not able to do so on their own.
 - a. In the event that the Company will be assisting a student, we will require a parent permission slip to be signed below, we will only use the student's sunscreen, we will apply the sunscreen only to the exposed areas, and we will only do this in the presence of others.
7. It is the Parent/Legal Guardian's responsibility to show the students where, how, and how much sunscreen to apply.

I verify that I have read and understood and agree to comply with the Sunscreen Notice & Permission provided above.

_____ (Initial) Yes, I hereby give my permission for a program staff to apply sunscreen to my child.

Parent/Guardian Signature: _____ Date: _____

Tick/Insect Repellant Notice & Permission

The participants in the program offered at Summer @ Risen Taekwondo regularly participate in outdoor activities, we recommend all our participants to apply Tick/Insect Repellant. We at Risen Taekwondo, LLC hereby recommend...

1. All participants apply one layer of tick/insect repellant prior to arriving at the program.
2. Parents/Legal Guardians are responsible for providing their children with enough tick/insect repellant for the duration of the day at the program.
3. Please clearly indicate the child's name on the bottle as they will not be able to borrow/share others' products.
4. We, the Company will routinely remind our students to apply bug spray.
5. We, the Company may assist in helping our students apply bug spray if they are not able to do so on their own.
 - a. In the event that the Company will be assisting a student, we will require a parent permission slip to be signed below, we will only use the student's tick/insect repellant, we will apply the sunscreen only to the exposed areas, and we will only do this in the presence of others.
6. It is the Parent/Legal Guardian's responsibility to show the students where, how, and how much tick/insect repellant to apply.

I verify that I have read and understood and agree to comply with the Tick & Insect Repellant Notice & Permission provided above.

_____ (Initial) Yes, I hereby give my permission for a program staff to apply tick/insect repellant to my child.

Parent/Guardian Signature: _____ Date: _____

Sickness Policy

In the event that your child is sick prior to and/or during the days of the program with the following ailments, please follow the guidelines below:

Please keep your child at home if you see signs of the following symptoms:

1. Fever: Fevers greater than 99°F. The child can return to the program after he/she has been fever-free for 24 hours.
2. Vomiting: If your child has vomited or exhibited nausea during the night, they should not be sent to the program. The child can return to the program after being symptom-free for 24 hours.
3. Diarrhea/Bowel Movement Issues: If your child has had 3 or more watery bowel movements and/or issues with their bowel movements in a 24 hour period, they should be kept at home. The child may return to the program after being symptom-free for 24 hours.
4. Colds: Please keep your child at home if he/she/they is experiencing discomfort that would impact their ability to participate/enjoy the program (uncontrollable cough, severe lethargy, etc.). If your child has a cough lasting for several days accompanied with fevers and/or chills, producing discolored phlegm, please consult your pediatrician.
5. Cough/Congestion: Please keep your child at home if their cough/congestion could impact their ability to breathe.
6. Chicken Pox, Conjunctivitis (Pink Eye), Coxsackie Virus, Head Lice, or any other similar serious ailments: Your child CANNOT attend the program without having been cleared by a physician with a note stating they are no longer contagious.
7. General Rule of Thumb: IF your child would be sent home from school, please keep them at home.

We entrust our parents to honor the above policy as it helps protect all of our students, instructors, staff, and families stay safe and healthy! Your help and understanding in this matter is greatly appreciated.

**Risen Taekwondo, LLC reserves the right to determine if a child is too sick to stay at the program and will call the parents/guardians to come pick up their sick child if needed.

**In the event of a serious illness and/or injury, if the parent/guardian cannot be reached in time, the child may be transported to the nearest Emergency Room/Hospital for immediate care and treatment.

I verify that I have read and understood and agree to comply with the Sickness Policy provided above.

Parent/Guardian Signature: _____ Date: _____

Birthday Party Policy

In the event that a camper would like to celebrate their birthday at camp, their family may opt to share a treat here at Risen Taekwondo, LLC. Based on the increased number of families with various types of allergies, please indicate below IF your child MAY, or MAY NOT have treats below:

Please initial all that apply to your family:

____ (Initial) My child MAY have any kinds of birthday treats brought to Risen TKD

____ (Initial) My child MAY have any kinds of birthday treats produced in a factory that processes tree nuts or peanuts, eggs, milk, soy, and/or wheat.

____ (Initial) Please give me a call due to allergy reasons to decide whether or not my child may have any kind of birthday treats brought to Risen TKD. Type of Allergy: _____

____ (Initial) My child MAY NOT have any kind of birthday treats brought to Risen TKD.

Treats CONTAINING Tree-nuts or Peanuts are PROHIBITED at camp

We will try our best to share with parents of upcoming birthdays to bring appropriate alternatives for all our campers, but we cannot guarantee we will know/remember every birthday at every camp.

If your family is planning on celebrating a birthday at camp, please indicate below

____ (Initial) YES! We will be celebrating a birthday at camp and will be bringing a treat to share. Camper's birthday _____

Parent/Guardian Signature: _____ Date: _____

Anti Bullying Policy

At Risen, we pride ourselves on being a "Family" and that means providing a safe environment for ALL students; one that they feel comfortable and want to be a part of. We want all of our students to know and understand that if they are experiencing bullying, in any form, that they can bring it to the attention of Master Refino, or any member of the Staff and know that it will be addressed and handled accordingly. Consequences for bullying can result in but are not limited to, suspension from classes, ineligibility for rank testing, ineligibility in attending camps/special events. We take these matters very seriously and there will be a ZERO TOLERANCE policy for the bullying of other students. Risen Taekwondo is and always will be a safe space for all of our students and their families

I verify that I have read and understood and agree to comply with the Anti Bullying Policy

Parent/Guardian Signature: _____ Date: _____

Student/Camper Signature: _____ Date: _____

Additional Policies

1. Cancellation Policy: Risen Taekwondo, LLC reserves the right to cancel a week of the program due to insufficient registration.
2. Missed Days Policy: Risen Taekwondo, LLC will not provide credits, refunds, and/or makeups for missed days or times from the program. Risen Taekwondo, LLC reserves the right to make determinations of extraordinary circumstances and provide credits, refunds, and/or makeups when deemed appropriate.
3. Program Outlines: Risen Taekwondo, LLC reserves the right to modify the program as necessary due to time, program, and staffing constraints and/or for the safety of the program participants.
4. Signing In/Out: Parents/Legal Guardians will be required to sign students IN and OUT of the program. If there are additional individuals that will be picking up/dropping off your child, we will require WRITTEN documentation.
5. Behavior Guidelines at Risen Taekwondo, LLC: It is expected of students to show respect to all peers, instructors, and property. If a student is found to be breaking the rules, disrespecting peers and/or instructors or their property (verbally, physically, and/or with their general attitude), or pose a general or safety threat to the program; Risen Taekwondo, LLC reserves the right to remove the student from the program roster without a refund.
 - a. Depending on the severity of the incident, the following procedure will be followed:
 - i. 1st Incident: A verbal warning with an incident report filed.
 - ii. 2nd Incident: A call will be made home to notify parents/guardians, incident report filed.
 - iii. 3rd Incident: Student will be sent home.
 - iv. 4th Incident: Student will be removed from Program Roster.
 - b. **Depending on the severity of the incident, students may be suspended from extracurricular opportunities such as field trips, special events held at Risen, Tournament/Demonstration Team eligibility, removal from testing list, removal of a stripe, and/or dismissal from the school.**
6. Allergy Guidelines: Due to the nature of the space we are located in, Risen Taekwondo, LLC cannot guarantee that we are an Allergies-Free Zone. However, we are a Peanut/Tree Nut Free Program. Please refrain from bringing snacks and lunches that contain nuts and/or tree-nut. The reactions that individuals with allergies to nuts can have can be very severe and we hope for your understanding in this matter. Alternative snacks/lunch will be provided if an issue arises. If this happens, we will give you a call to determine if the alternative snack/lunch is appropriate. If not, we will ask that the student be dropped off an alternative snack/lunch.
 - a. If your child has an allergy, please notify an owner of Risen Taekwondo, LLC so that we can provide the safest environment for your child. If not child requires the use of an EpiPen, we will have an additional permission form for you to fill out. Please provide us an EpiPen so that we may use it throughout the program in case of an emergency.
7. Snacks, Drinks, and Lunch Guidelines
 - a. We cannot provide refrigeration of lunches during program. Please prepare lunches accordingly.
 - b. While microwave is available at Risen Taekwondo, LLC, we strongly recommend lunches that do not require the sue of microwaves for time, and for allergy issues.
 - c. Risen Taekwondo, LLC requires its students to wash their hands prior to snacks and lunches; please share this rule with your child.
 - d. It is vital for students to stay hydrated throughout the day. Please provide a water bottle so that they may bring it outside with them.
 - e. Participants will not be allowed to share home snacks and/or lunches with other students.

I verify that I have read and understood and agree to comply with the Additional Policies provided above.

Parent/Guardian Signature: _____ Date: _____