

BUSHIKEN KARATE

Youth Martial Arts Program Application 2025-2026

Participant Information: (All information is considered confidential and is necessary to provide proper supervision)

Child's Name _____ Age _____ DOB _____ Circle one: M or F

Child's Address: _____ Home Phone _____

Grade _____ Teacher _____

Parent/Guardian Address (if different from child) _____

Parent/Guardian E-mail _____ Parents are: (circle one) Together/Separated/Divorced/Deceased

Emergency Contacts: You must provide Three (3) local contacts.

1. Contact _____ Day Time Phone _____ Other Phone _____

2. Contact _____ Day Time Phone _____ Other Phone _____

3. Contact _____ Day Time Phone _____ Other Phone _____

Authorized Adult Pick Ups (Everyone must present a photo ID and Court order if required):

***If there is anyone specifically not allowed to pick up your child, please inform us immediately.**

Pick Up Procedure: A Parent/Guardian must pick up the child at the Youth Martial Arts program by 5:30pm. Only authorized persons noted above may pick up the child. Please communicate to one of the program directors ahead of time if someone else will be picking up the above listed child. Children must be signed out daily. A \$5 per 10 minutes fee will be charged for late pick up.

Child will be attending the following days: (Please circle)

***Please note that unused days cannot be used on another day or credit given. Additional days attended other than the ones noted below will be billed accordingly.**

Monday

Tuesday

Wednesday

Thursday

Friday

Early Dismissal from School will result in **NO** Youth Martial Arts Program for that day.

Getting to Know You:

Likes and Hobbies: _____

Dislikes & Fears: _____

Special Needs: _____

Please describe any major injuries or illnesses your child has had in the past (include approximate dates):

Current Medications* _____ Child's Pediatrician & Phone # _____

***No medications can be administered during program hours.**

Allergies: _____ Limited Activities: _____

Please read the following carefully and sign where indicated.

- I. I have reviewed payment schedule and will make payment on the 1st of every month prior to attendance, and understand that a \$25.00 late fee will be assessed for late payments received after the 7th. I understand that if I am late in payment, I will be required to pay through bank draft. I understand that the Oyama Karate Dojo reserves the right to refuse applicants or terminate enrollment of any child based upon lack of payment.
- II. I understand that the Oyama Karate Dojo reserves the right to refuse applicants or terminate enrollment of any child based upon disciplinary difficulties.
- III. I give permission for the above-named child to be photographed for the sole purpose of promotional materials: (i.e. Website, Social Media and Print) distributed by the Oyama Karate Dojo. These photographs will be distributed without my consent, and I will not expect any payment compensation.
- IV. I give permission for the above-named child to be transported by Oyama Karate Dojo staff vehicle or bus in the event of a field trip or unavoidable emergency.
- V. I give permission for the above-named child to receive emergency medical treatment in the event of injury while attending the Oyama Karate Dojo's Youth Martial Arts Program.
- VI. I will take full responsibility for any consequences of this medical treatment. I give the Oyama Karate Dojo permission to approve, choose and secure medical treatment if I cannot be reached in case of any emergency. I realize that Oyama Karate Dojo Youth Martial Arts Program participants participate at their own risk. Any Insurance claims must be submitted to my own insurance carrier.

My signature indicates that I have provided accurate information above and have read and understand the application.

My signature indicates understanding and acceptance for items I, II, III, IV, V and VI above.

Parent/Guardian Print Name: _____ Relationship _____

Parent/Guardian Signature: _____ Date: _____

Billing and Payment Information:

- **First and last month tuition** is required at enrollment. If the child remains in the program through June, it will be credited to the June tuition.
- Monthly tuition is due the **1st of the month** prior to attendance.
- A **\$25.00 late fee** will be charged to all open balances as of the 7th of the month.
- A primary bill contact must be listed on the account.

Primary Billing Contact:

Name _____ Relationship to Child _____

Phone Number: _____ E-mail _____

Check here if you would like to receive invoices via email: ☐

As primary Billing Contact, I understand that I will be the only one contacted if there is an open balance or billing question on the above listed child's account. I understand that it is my responsibility to collect money due on the account from parties other than myself and ensure it is received by the Oyama Karate Dojo in a timely fashion.

Primary Billing Contact Print Name _____

Primary Billing Contact Signature _____

Submit Completed Applications: Make Checks Payable to "Oyama Karate Dojo"