



The Guthrie School  
Karate Registration  
2018-2019



(Please Print Clearly)

**Student Name:** \_\_\_\_\_  
Last First MI

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** M F **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**Phone:**( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **Alternate Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Responsible Party:** \_\_\_\_\_  
Name Phone E-Mail

**Relationship to Student:** \_\_\_\_\_ **Physical Handicap/Illness?** \_\_\_\_\_  
Please use back of page to explain if necessary

**Previous Martial Arts Experience?** Yes No **If yes, where?** \_\_\_\_\_

**Years of Training:** \_\_\_\_\_ **Instructor:** \_\_\_\_\_ **Rank achieved:** \_\_\_\_\_

**EMERGENCY CONTACT** (please list a different party than that listed above)

**In case of emergency, notify:** \_\_\_\_\_  
Name Phone Email

**Relationship to Student:** \_\_\_\_\_ **How did you hear of us?** \_\_\_\_\_

**Tuition and Fees**

\_\_\_\_\_ **Uniform: \$35** (please purchase directly from Academy of Classical Karate)

\_\_\_\_\_ **Fall Term: \$425**  
(or 4 equal payments of \$106.25)

\_\_\_\_\_ **Spring Term: \$485**  
( or 4 equal payments of \$121.25)  
Please make tuition checks payable to Academy of Classical Karate

**WEDNESDAY**  
**3:00-4:00PM**

**September: 09/05, 09/12, 09/19, 09/26**  
**October: 10/03, 10/10, 10/17, 10/24, 10/31**  
**November: 11/07, 11/14, 11/28,**  
**December: 12/05, 12/12, 12/19**  
**January: 01/12, 01/19, 01/29**  
**February: 02/09, 02/16, 02/23**  
**March: 03/02, 03/09, 03/23, 03/30**  
**April: 04/06, 04/13, 04/20, 04/27**  
**May: 05/04, 05/11, 05/18, 05/25**  
(bold days indicate payment due date)

I certify that the above information is correct to my knowledge and by signing below I am certifying my agreement that I have read and understood the policies and procedures laid out by The Guthrie School and Academy of Classical Karate.

\_\_\_\_\_  
Parent Name Parent Signature Date



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**Policies and Procedures**

**Conduct:** Students are expected to maintain an attitude of respect and cooperation at all times. They shall respect the property and surroundings of the school in addition to the belongings of other students. A student's practice of karate on another student or person outside of a controlled school/ dojo setting and without permission from parent or teacher will result in the student's immediate dismissal from the program.

**Tuition:** Tuition is pre-paid and non-refundable. Tuition is calculated by semester and is only prorated for students registering after the second class. In the case of known mid-term absences, make-up lessons may be scheduled. If you are paying monthly for the term (4 payments), please note the days on which payment is due and be on time with payment. There is a \$30 late or returned check fee.

**Withdrawing a Student:** To discontinue lessons and suspend tuition due, please notify The Guthrie School in writing 2 weeks prior to the next payment due date. There are no refunds or transfers for unused paid tuition.

**Missed Classes/Make-up Lessons:** If your student must miss class due to illness or other circumstances, please notify our office at least 1-hour prior to class time. There are make-up lessons available during the week at the Academy of Classical Karate-Plano location with sufficient notice.

**Teacher Absences:** In the event that a teacher must be absent, The Guthrie School/ The Academy of Classical Karate will provide a suitable substitute who will ensure the proper continuity of the class. If a qualified substitute cannot be found in time, every effort will be made to contact the families and arrange a make-up lesson.

**Belt Testing:** Belt testing will be held at the end of the Fall and Spring terms. Official schedules for testing will be distributed prior to the end of the term. Belt testing will be held at The Academy of Classical Karate-Plano.

**School Closing:** If, for any unforeseeable reason such as inclement weather, the school must close early, we will notify you via email. Additionally, please check The Guthrie School Facebook for immediate updates regarding school closures.

**Media:** The Guthrie School and Academy of Classical Karate have my permission to use photographs, art projects, and/or videos of my child in any future promotion or advertising materials.

**Medical Consent and Liability Waiver** I certify that my child is in good physical health. I understand that I am responsible to pay for all emergency treatment expenses. I further understand that The Guthrie School has no provisions for expenses incurred carrying out emergency procedures and/or emergency transportation on behalf of participants. By signing this document, the parent and/or legal guardian releases The Guthrie School and all affiliated (including Academy of Classical Karate LLC, Brody Burns, Tom Scott, and Cesar Colunga) from any and all claims resulting from the injury, disability, or death of the above student or the loss of property of the above named while participating in any activity connected with The Guthrie School. I hereby release, discharge, indemnify, agree to hold harmless, and covenant not to sue The Guthrie School or Academy of Classical Karate, its administrators, directors, volunteers, advertisers, owners, and lessees of premises on which activities are conducted, from any and all liability, claims, or demands arising from my child's participation in The Guthrie School programs. I further certify that I understand karate is a contact sport and there are inherent dangers associated with participation. In case of an emergency, I understand that The Guthrie School will make every reasonable effort to contact parents or emergency contact. I hereby give The Guthrie School permission to secure a licensed healthcare practitioner to ensure proper treatment, including but not limited to: hospitalization, anesthetics, surgery, or injections of medication for my child.

**Authorization and Agreement:** By signing below, I state that I have legal and financial responsibility for the student named on this registration form. I agree to all consents, authorizations, and permissions described in the registration form.

Student Name

Phone

Email

Parent Signature

Parent Printed Name

Date