

**American Top Team
Martial Arts
Spring Break Program**

2017-2018 Registration Packet



582 SW Flagler Avenue,
Fort Lauderdale, FL
33301
(954)638-0860
www.attftl.com

Dear Parents/Guardians,

American Top Team would like to welcome you and your child to our Spring Camp Program. Our mission is to help your child achieve success in martial arts in a fun and safe environment.

We hope that you find this information packet helpful. Included you will find general program information, guidelines, and a program calendar. You may want to retain these pages so that you can review them throughout the year. Please complete and return the **Application for Enrollment**, **Emergency Information**, and **Condition of Enrollment** pages of the packet.

American Top Team looks forward to your child's participation in the program.

Sincerely,

Ana Frias
American Top Team
954-638-0860
anaattftl@gmail.com

American Top Team General Information

Enrollment, Fees, and Calendar

- Members - The program fee is \$199 per week.
- Non-Members - The program fee is \$215 for the first child and the second will have a 10% discount per week.
- Children between the ages of 6-12 years old may enroll.
- Primary Hours of Care - 9 :00pm to 2:00pm M-F
- ATT will provide Healthy Snacks and your child may bring his or her own snack, daily. The ATT Martial Arts - Spring Break Program, will not store snacks for individual students, so please make sure to pack any food in an appropriate container like thermos, insulated or warmer .

Expectations

- This is a martial arts program and students are expected to participate everyday. If there is any special reason why your child will not be able to participate in the activities, please contact American Top Team at 954-638-0860.
- The climate of the ATT Martial Arts - Spring Break Program focuses on respect and discipline. Students who demonstrate persistent behavior problems that disrupt the program and/or interfere with the general welfare of others may be dismissed from the program. Parents will be notified if behavioral problems have occurred.

Schedule

- The program schedule will vary but will generally include checking attendance, changing into uniform, eating snack, martial arts games or activity, martial arts class, discussion of class, quiet time.

Jiu Jitsu / games / wrestling

Arts and crafts / Muay thai

Educational and PG Movies / Pizza

In the event of an emergency or bad weather, the ATT After Spring Break Martial Arts Program will make an arrangement to be satisfied with all parties. We also may need to change and/or cancel any field trip/activity due a bad weather for the safety of all.



Spring Break - Martial Arts Program Application for Enrollment

Date of Enrollment _____
Student Information 2017 -2018

Student's Name: _____

Student's Age: _____ Last _____ First _____ Middle _____
Birthday (mm/dd/yy): _____ Sex: F or M

Child's Physical Address: _____

Child lives with : ____ mother ____ father ____ both ____ other: ____

T- Shirt Size: YS YM YL AS AM AL

Password: _____

- **Family Information**

- **Mother's** Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____

- **Father's** Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email : _____ Page 4

American Top Team Spring Break - Martial Arts Program



- **Pick Up and/or Emergency Contacts List**

Your Child will be released **only** to the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, If for some reason the custodial parent or legal guardian cannot be reached. List in order of preference.

- **Contact # 1**

Name _____ Address: _____

Phone: _____ Alternate Phone _____

Relationship to your child: _____

- **Contact # 2**

Name _____ Address: _____

Phone: _____ Alternate Phone _____

Relationship to your child: _____

- **Contact # 3**

Name _____ Address: _____

Phone: _____ Alternate Phone _____

Relationship to your child _____

Your signature below indicates that the information on this enrollment form is complete and accurate.

Signature of Parent or Guardian

Date

American Top Team Spring Break - Martial Arts Program



- **Emergency Information**

Child's Name: _____

Name of Elementary School: _____ Grade: _____

Parent's Name: _____

All information must be completed in full to enroll your child at the ATT Spring Break Martial Arts Program, any miss information won't be accepted.
In a case of share custody, the parents are responsible to bring to ATT any court or important documentation to be attached with this enrollment.

- **Medical Information**



I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor's Name : _____

Address: _____ Phone _____

Dentist: _____

Address: _____ Phone _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern:

Your signature below indicates that the information on this Emergency Information form is complete and accurate.

Signature of Parent or Guardian

Date

American Top Team Spring Break - Martial Arts Program

- **Conditions of Enrollment**

Child's Name : _____

_____ Initial

Payments I understand that the program fee is \$ _____ a week and that payment is due on Monday .

_____ Initial

Behavior I understand that if my child demonstrates persistent behavior problems that disrupt the program and/or interfere with the general welfare of others he or she may be dismissed from the program and that no refund will be given.

_____ Initial

Late Pick Up I understand that pick up time is no later than 2:00 pm and that I will be assessed a \$1 a minute late fee after 2:00pm. I also understand that persistent late pick up may result in my child's dismissal from the program with no refund given.

_____ Initial

Medical Information I have disclosed any and all health problems or conditions of my child that ATT Martial Arts - Spring Break Program needs to be aware of.

_____ Initial

Absences I agree to notify the Program Director if my child will not be in attendance of the ATT Martial Arts - Spring Break Program on or before 10:00 am of the day that they will not attend.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

American Top Team Spring Break - Martial Arts Program



Release and Waiver of Liability and Indemnity Agreement Addendum:

Student Name: _____

I understand that American Top Team assumes no responsibilities or liability for injuries or illnesses that my child may sustain as a result of his/her participation in any program. I hereby release and discharge American Top Team, its employees, agents, and volunteers from any and all claims for injury, illness, death, loss or damage that my child may suffer as a result of after-school program activities.

Date: _____

Parent Name

Parent Signature

.....

The undersigned is the parent or guardian of the above named student. The undersigned gives permission for the Student to be transported in a private vehicle between American Top Team Martial Arts - Spring Break Program and or any related activity or event. The undersigned on his/her own behalf, and on behalf of the Student, release American Top Team and its employees, agents and volunteers from any and all liability, damages, claims, and judgments, of every kind and nature arising out of, or in any way relating to any injury or death to the Students, or for property damage occurring during, or on account of transportation of the Student by the Transporting Party between American Top Team and any activity or event.

Parent or Guardian Name of the above named Student

American Top Team Travel/ Emergency Permit

Student Name:



Medical Treatment:

In case of an emergency involving my child, I give permission for the American Top Team Martial Arts - Spring Break Program staff to seek emergency medical treatment for my child and to act as guardian in permitting medical treatment if unable to reach me.

I understand that all emergency and/or medical costs are my responsibility.

Parent Signature

Transportation



The undersigned is the parent or guardian of the above named student. The undersigned gives permission for the Student to be transported in a private vehicle between the American Top Team After Martial Arts - Spring Break Program and or from any related activity or event.

Parent Signature

Date

Parent Name



American Top Team After School Martial Arts Program Photo Release

I understand that **American Top Team** desires to use photographs of my child

_____ which may be published in local publications, direct mail pieces, inserts, website and other promotional medium. I hereby consent and give American Top Team permission to take photographs or digital video images and to use and publish such photographs together with any caption or descriptive materials, including their name that American Top Team may choose for advertising, publicity or in any other publication or manner American Top Team may authorize.

I waive the rights to inspect or approve any photographs or digital video images before they are published and any use to which they may be put.

I release American Top Team, its officers, agents, and employees of and from all debts, claims and liability of any kind arising of or in connection with the taking and use of photographs, the use of my child's name and the use of any caption or descriptive material therewith.

SIGNATURE: _____

PLEASE PRINT NAME: _____

ADDRESS: _____

STAFF SIGNATURE: _____ DATE: _____