



After School Registration Contract 2011 / 2012 School Year

(Please read entire form and fill out all information fields)

Child's Name _____

Names of Parents/Guardians Mom - _____ Dad - _____
(If single parent please specify)

Home Phone Number (902) _____ - _____

Cell Phone Number Mom _____ - _____ Dad - _____ - _____

Parent Work Phone # (902) _____ - _____ Contact Name - _____

Emergency Contact # (902) _____ - _____ Contact Name - _____
(Must be outside source)

Mailing Address Street : _____

Town : _____ Postal : _____

Email Address 1 _____@_____

Email Address 2 _____@_____

Would you like to be added to our After School Program email distribution list? Yes No

Any Medical Risks / Allergies Yes No
(If so please identify) _____

School Attending in 2010 / 11 _____

Time Dismissed from school _____ P.M.

Grade Attending _____

What time will you be picking up your child at Grasshoppers? _____ P.M. (Late charge applicable after 5:30pm)

Who is authorized to pick up your child at Grasshoppers? Name _____ relation _____

Name _____ relation _____

Name _____ relation _____

Are there any custody battles or person that can not have contact with the child? Yes No

By signing this I understand and agree with all the terms and conditions set forth by Grasshoppers After School Program for the 2010 / 11 school year. See details and legal disclosure on next page.

Signature _____ Date _____ 2011

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Legal Disclosure.

In order to cancel a contract, Grasshoppers must receive written notification of cancellation with a minimum of 30 days notice before the removal of the child (ren). The date for removal of children is December 31st. Payment is due up to and including the day of the cancellation. There are no refunds or transfers.

All associated program costs must be paid in advance of service rendered. All payments will be debited through automatic withdrawal and I agree to sign the pre authorization form for payments.

I have read and fully understand the terms and conditions set out by Grasshoppers TaeKwonDo Ltd. This includes but is not limited to this contract, medical release form, Parents handbook, pricing schedule, and pre authorized debit form.

I agree, on behalf of the above named child, his/her heirs and representative to fully and forever release, and hold harmless Grasshoppers Holdings Limited. The After School Program, its agents, servants, and employees from any and all claims, demands, rights of action of causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of transportation, participation or enrolment in this program.

A qualified Instructor, Assistant Instructor, or Junior Instructor conducts all classes. All curriculum and techniques are supervised, but sometimes are more difficult for certain individuals. Please consult your doctor before starting any classes. After consulting your physician, if at any time you feel shortness of breath, pain, or discomfort, please feel free to step out of class and consult an instructor or physician. Grasshoppers Taekwondo Ltd. can not be held legally responsible for any misuse, negligence, or injury that may result from transportation, instruction or participation at Grasshoppers After School Program.

By signing this I understand and agree with all the terms and conditions set forth by Grasshoppers After School Program for the 2011 / 12 school year.

Signature _____

Date _____ 2011

I have received a copy of the following documents;

Contract _____

Parent handbook _____

Taekwondo Handbook _____

Pre Authorization Form _____

Medical Release Form _____



Pre-Authorized Payment Plan

Authorization for Pre-Authorized Payments

Payment Type	Chequing Acct	Visa	MasterCard
Payment Frequency	Twice Monthly	Monthly	Entire Year
Payment Date	1 st	15 th	
Payment Start Date	_____		
Payment Stop Date	_____		
Amount of Payment	\$ _____	Add 2.5% for Visa or M/C	\$ _____
Name of Student	_____		

Please Attach a VOID cheque

Visa or M/C Info

Cardholders Name _____

Card number - _____

Expiry Date - ____ / ____

If paying by Visa or M/C please note that there is a 2.5% service charge.

I/we hereby authorize Grasshoppers Holdings Limited to debit my/our account indicated above.

I/we hereby waive any requirement for pre-notification of changes in the amounts and/or payment dates of Pre-Authorized Debits drawn against my/our Account at my/our Financial Institution in accordance with this authorization. I/we agree to the terms and conditions set out by Grasshoppers Holdings Limited.

Signature _____

Please Print Name _____

Date _____



**MEDICAL TREATMENT FORM/RELEASE– MINOR
Grasshoppers Holdings Limited, After School Martial Arts Program**

I hereby certify that my child is in good health and can travel to and participate in the Grasshoppers Holdings Limited, After School Martial Arts Program.

My child _____ has my permission to attend the Grasshoppers After School Program
Print child name

Located at or near 226 Waverley Rd, Dartmouth, Nova Scotia, B2X 2C4. This includes transportation to or from school, special events, day camps, outings, tournaments, or special seminars. This authorization shall remain effective until my child completes his/her enrolment in the Grasshoppers After School Program or unless sooner revoked in writing.

While my child is attending or travelling to or from this program, **I HEREBY AUTHORIZE GRASSHOPPERS AFTER SCHOOL INSTRUCTORS OR STAFF MEMBERS**, or in his/her absence or disability, any adult accompanying or assisting him/her, **TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:**

Any X-ray examination, anaesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any EMT, physician and/or surgeon, or any X-ray examination, anaesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist.

I understand that as a parent/legal guardian, I will be responsible for the cost of any service or treatment provided not covered by MSI or my individual Insurance Program.

I agree, on behalf of the above named child, his/her heirs and representative to fully and forever release, and hold harmless Grasshoppers Holdings Limited, the After School Program, its agents, servants, and employees from any and all claims, demands, rights of action of causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in this program. This includes Transportation to or from school / special events / day camps / or outings.

AUTHORIZATION AND CONSENT AND RELEASE

_____ date _____ signature of parent/legal guardian _____ emergency phone DAY
_____ mailing address _____ Postal code _____ emergency phone NIGHT

Should there be any changes in the status of parent/legal guardian, it will be my responsibility to keep Grasshoppers After School staff informed.

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any medical attention in the event of illness or accident.

_____ SIGNATURE _____ DATE

PLEASE COMPLETE THE HEALTH HISTORY INFORMATION ON THE NEXT PAGE.



HEALTH HISTORY INFORMATION

(This information is confidential and will be used only in case of emergency.)

Name of Student: _____

Health Card Number: _____

Date of Birth: _____ / _____ / _____
Month Day Year

Is your child subject to:	Yes	No	Does your child have or has ever had:	Yes	No
Colds			Heart Trouble		
Sore Throat			Asthma		
Fainting spells			Lung trouble		
Bronchitis			Sinus trouble		
Convulsions			Hernia (rupture)		
Cramps			Appendicitis		
Allergies			Has appendix been removed?		

Is the child currently under any type of medical treatment? [] []

Is there any history of behaviour disorders or emotional disturbances, such as difficulties in relationships with authority figures or peers, or abnormally severe moodiness? [] []

Has the child been under psychiatric treatment within the past three years? [] []

Date of Child's last Tetanus Vaccination: _____
/ / _____
M D Y

Please identify over-the-counter medications that we may administer. For example: children's Tylenol, Aspirin, and Ibuprofen.

Please identify child's allergies, including allergies to food, medications, or drug reactions you know about:

Please list any disabilities or disorders that may affect your child's participation in Grasshoppers such as eyesight, Hearing, speech, diabetes, etc.

Please list all medications that child is presently taking:

<i>Name of Medication</i>	<i>Dosage</i>	<i>Times Taken</i>

Remarks and any special instructions. Please explain "Yes" answers on the reverse of this page.

The information entered on this form is given under my own free will. Submission of the medical data is voluntary. Failure to provide the medical information and authorization may result in our inability to provide needed medical treatment.