

AKF MARTIAL ARTS

Participant's Name _____

Date of Birth _____ Age _____ Male _____ Female _____

Address _____ City _____ Zip _____

Home Phone _____ Other Phone _____

E-Mail Address _____

(This is how we will notify you of any class updates)

Emergency Contact _____ Phone _____

Circle the class you are attending 6:15 p.m. Youth 7:15 p.m. Adult
**Classes combined at 6:00 pm on Fridays*

Other Information (allergies, medications, disabilities, behavioral issues, etc.)

- **Tuition is due at the beginning of each month** at the front desk in the Recreation Center Office (Please do not give monthly tuition to the student's instructor). A late fee of \$5 will be charged if tuition is not paid by the first week of the month. If there is a failure of payment of two months in a row, the student will not be allowed to attend class.
- A 10% discount will be given to members of the Smithfield Recreation Center.
- If there are three or more students of the same family registered for the program, \$5 will be taken off the third student's monthly tuition.
- Please dress your child in athletic clothing, i.e. nothing that buttons, zips, or snaps. Long hair must be pulled back at the beginning of each class. This is for the safety of the student and the instructor.
- Parents may stay and watch but we ask that you are quiet as to not disturb the students or staff.

I have read and I understand and agree to abide by these policies and procedures. I also have read the Waiver and Liability Release on the back of this form; I understand its contents and disclosure and I agree to its terms

Parent/Guardian Signature _____ Date _____

**Participant/Parental Statement of Agreement
Assumption of Risk, Liability Release, Indemnification and Refund Policy**

1. I hereby recognize and acknowledge that my or my child(ren)'s participation in recreational activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of myself or my child(ren) being able to participate in such events, I, for myself, my child(ren), my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive and discharge Smithfield City, and its officers, employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except that caused solely by the willful misconduct of Smithfield City, that may result from my or my child(ren)'s participation in Smithfield City sponsored recreational activities. In addition, I agree that my insurance company or I will pay for medical, hospitalization, or any other expenses resulting from my or my child(ren)'s participation.
2. The undersigned agrees that prior to participation I will: inspect the facilities and or equipment to be used, and if I believe anything is unsafe, I will immediately advise the respective coach or supervisor of such condition(s) and refuse to participate.
 - b. agree that as the parent(s) or legal guardian(s) I will instruct the minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, they will immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
3. Assume all the foregoing risks and accept personal responsibility for the damages following any injury, permanent disability or death.
4. Intending to be legally bound, I do hereby release, waive, discharge and agree not to sue Smithfield City, Smithfield City Recreation Department, and its affiliated organizations, their respective administrators, officers, directors, agents, coaches, coordinators and instructors of programs on contract with Smithfield City and other employees or volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or hers and next of kin for any claims, demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by negligence of the releasee or otherwise in connection with association or entry in and/or arising out of my traveling to, participation in and returning from competition of this event or program.
5. I hereby authorize the staff/coaches of the Smithfield Recreation Program to act in my behalf as an individual, parent or guardian in accordance with their best judgment in the case of an emergency.
6. In the event that I or my child(ren) sustains injury or illness while participating in this activity, I hereby authorize any first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel to be performed on my behalf if I am not immediately available to do so. I agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that my insurance company or I will pay for such emergency treatment.
7. I hereby consent, for me and for my child(ren) to allow our picture and/or likeness, to appear in any official documentary, promotional, exclusive television, radio or film coverage on the Recreation Department in any manner incidental to my participation in the activities of the Smithfield Recreation Department without compensation to me or to my child(ren).
8. Concussion Policy: visit smithfieldrecreation.com/web/site/concussion.html
9. Refund policy: The Smithfield Recreation Department may withhold 25% of any refund due or resulting from any recreation program for administrative costs. No refunds will be given after the program has begun, after the league schedule/roster has been set, or within two weeks of the event date. Refunds will be issued according to City Policy.
10. For all team registrations the team coach/captain agrees to be responsible for collecting and seeing that all team fees are paid in full.
11. A \$5.00 late fee will be charged each month to all teams that have an outstanding account balance, which is 45 days, or more delinquent. All accounts that are delinquent 60 days will be turned over to the Credit Service of Logan for collections.
12. As used in this document, I shall include we, he, she, or they, and they, he, she or we, shall include I, my, myself, me or mine shall include our, theirs, his, her shall include my, myself, me or mine, and the masculine shall include the feminine, and the feminine the masculine, and the plural shall include the singular, and the singular, plural, all when the context so requires.

By signing this Waiver and Release of Liability, I acknowledge that I have read its contents and disclosures, that I understand its contents and disclosures, and that I agree to abide by the terms, rules & regulations as set forth. I also acknowledge that I have read and understand the Concussion and Traumatic Head Injury Information Sheet and the Concussion and Traumatic Head Injury Policy, and that I agree to abide by the City's Concussion and Traumatic Head Injury Policy.

Applicant or Parental/Legal Guardian Signature _____ Date _____