

Little Red Rocket Registration Forms

KARATE

875 West 181st Street, New York, NY 10033

Tel: 212-543-2393 • Email: [littleredrocketwg@gmail.com](mailto:littleddrocketwg@gmail.com)

Name of Child:

Checklist:

- Registration Form
- Child Pick-up Authorization Form
- Medical
 - Medical Consent form
 - Copy of Immune Record
- Policies, Rules, Procedure Liability/Photo Release Form
- Payment Policy

Parent Signature: _____

Date: _____

Registration Form

DOB: _____

Parent/guardian full name _____

Home phone: _____

Cell phone: _____

Work phone: _____

E-mail: _____

Address: _____

Parent/guardian full name: _____

Home phone: _____

Cell phone: _____

Work phone: _____

E-mail: _____

Address: _____

Please Mark Desired Schedule:

Saturday Mornings 9/12 - 12/19 2015	6 - 12 Age Group	9 - 10am	
	4 - 5 Age Group	10:15 - 11am	

Child pick-up Authorization Form

Adults Authorized to pick up your child (other than parent/guardian):

1. Name: _____

a. Relationship to child:

b. Cell phone:

2. Name: _____

a. Relationship to child:

b. Cell phone:

Please provide 2 emergency contact names and phone numbers:

1. Name: _____

a. Relationship to child:

b. Cell phone:

2. Name: _____

a. Relationship to child:

b. Cell phone:

Emergency Medical consent Form

Please print all information

I, _____, parent or legal

guardian of _____, born

_____, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of LITTLE RED ROCKET and I am not reasonably available by telephone to give consent.

This authorization is effective from _____ to _____.

Signature of Parent or Legal Guardian

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment.

This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family address _____

Telephone: Parent 1 _____ home _____ work _____

Parent 2 _____ home _____ work _____

Child's Birthdate _____ Last Tetanus _____

Allergies to drugs or foods _____

Special Medications, Blood Type or Pertinent Information

Child's Physician _____ Phone _____

Insurance _____ Policy # _____

Preferred Hospital _____

Medical information

Physician's name:

Physician's phone number:

Does your child have any allergies?

Foods: -----

Medications: -----

Policies, Rules, Procedures, Liability & Photo Release

Please do not bring children to Little Red Rocket when they are ill or have communicable medical condition. We reserve the right to restrict admission and/or send the child home, when, in our opinion, that child is ill or risks the health or well-being of other children. In the event of inclement weather, Little Red Rocket follows your school district's lead for school delays and cancellations. In the event that the Program is in session, and the weather becomes dangerous, the parents are encouraged to arrive early to pick up their children from the program. All parents or designated adult Pickup Person must enter the building to pickup their child for the safety of your children, he/she will only be released to the parents or designated pickup person. Should another adult be picking up your child, please send written notification and be advised that they may be asked for photo identification. Once a child is released to his/her parent or designated pickup person, the child's care and safety are the responsibility of the parent or designated adult. We agree to comply with all Little Red Rocket rules, policies and regulations. We fully understand that Little Red Rocket reserves the right to cancel any student's enrollment if the student's physical or mental condition, as disclosed by personal questionnaire, medical, or dental certificate or otherwise, is deemed unsatisfactory, or to dismiss a student whose condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interests of Little Red Rocket and/ or other students. In such cases, the unused portion of Little Red Rocket fees will be refunded. No refund, however, will be made on a voluntary withdrawal or violation of Little Red Rocket policies. All commitments are for the calendar school year. We agree to Hold Harmless and indemnify The Little Red Rocket Programs if our student damages property or injures or harms any individual. NO ALLOWANCE SHALL BE MADE FOR LATE ARRIVAL OR EARLY DEPARTURE. We understand that Little Red Rocket is not responsible and is not held responsible for damage or loss of money, jewelry, equipment, clothing or other personal articles. We understand that valuable items are brought to LITTLE RED ROCKET at your own risk. I AGREE to give Little Red Rocket permission to use photographs, videos or audio recordings of myself or my child for any of Little Red Rocket promotional materials. I understand that my child will not be identified by name, nor will any compensation be extended for such use. If it is necessary, in the judgment of Little Red Rocket personnel, to use outside medical, surgical, or dental aid for the student's health, we hereby permit and authorize him/her to do so. I have read and reviewed the contents of the Little Red Rocket Parent's Manual, and I agree to accurately carryout the policies and procedures of the Little Red Rocket program.

Child's Name: _____

Parent/Guardian's Name: _____ Date _____

Payment Policy

Program installment payments are due the first of every month. We require a non-refundable \$25 registration fee.

- I will pay by check (LRR Dual Language) or cash
- Please charge my credit card automatically according to the payment schedule.

Credit Card Type: _____

Credit Card Number: _____

Exp. Date: _____

Security Code: _____

Credit Card Billing Address (if different from above):

If payment is made to Little Red Rocket by VISA®, MASTERCARD®, AMERICAN EXPRESS, OR DISCOVER®, the issuer of the card identified is authorized to pay the amount agreed upon. By signing below, we promise to pay such total subject to and in accordance with the Agreement governing the use of such card. All balances must be paid in full by the completion of the class. A copy of this contract will be returned to you upon request.

Authorized

Signature: _____ Date: _____

Dates and Pricing:

First Class: Saturday September 12th

Last Class: Saturday December 19th

No class on Saturday November 28th due to Thanksgiving

Registration fee (for non-members): \$25

Cost for semester: \$450

Can be paid full amount or in three installments of \$150, to be paid on September 12th, October 10th and November 14th.

Signup is assumed for the full semester.