



Little Ninja Martial Arts

## Little Ninja Martial Arts Registration Form

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Daycare Name \_\_\_\_\_ Classroom Name \_\_\_\_\_

Is your child currently enrolled in the GA Pre-K Program? Yes\_\_\_ No\_\_\_

Time your child is normally picked up from Daycare \_\_\_\_\_

Parents'/ Guardians' Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Medical Condition(s):

\_\_\_\_\_  
\_\_\_\_\_

Allergies:

\_\_\_\_\_

### **Please read the carefully, sign and return to the daycare center.**

I, the parent/ guardian of \_\_\_\_\_, hereby give my approval for his/her participation in Little Ninja Martial Arts classes to be held once a week at his/her daycare center. I agree to pay \$\_\_\_\_per month, to be paid by cash or check by the 5<sup>th</sup> of each month, if no payment is received by the 5<sup>th</sup> my child may not attend class and if no payment has been given by the 10<sup>th</sup> a \$10.00 late fee must be added . There is a return check fee of \$25.00. Also, there is a \$10.00 registration fee for the first month's payment. I understand that Little Ninja Martial Arts will teach an average of three classes per month. If the Little Ninja Martial Arts instructor is unable to teach classes on the scheduled day, a makeup class will be given and posted at the daycare to inform all parents. I also understand that no deductions will be made due to my child's absence. My child has no infirmities and I hereby waive any and all claims that I may sustain against the program out of any of the instruction or practice sessions in which my child may participate.

**Any child that is considered a risk to other children can be dismissed from classes at any time.**

I have read this document and fully understand it and wish my child to be enrolled in classes.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*Please make checks payable to Crosby Broadwater III\***

**Flip Page Over Please!!**



# Photo Release Form

Little Ninja Martial Arts

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

## CONSENT AND RELEASE

1. I agree that Little Ninja Martial Arts may photograph me and may use, reuse and license such photographs, as well as my name and biography when relevant.
2. I understand that Little Ninja Martial Arts is incurring expenses in reliance on my consent and that I cannot revoke my consent.
3. I understand that no one is obligated nor will they pay me compensation of any kind for my participation in said recordings nor do I have any ownership or other rights to said recordings. I hereby waive the right to inspect or approve the use of any photograph of me.
4. I release Little Ninja Martial Arts, its employees, directors, officers, and affiliates from any claims or liability in connection with any appearance by me or use of any photographs of me.
5. I hereby warrant that I am eighteen years of age or older, or, if less than eighteen years old, I will obtain the consenting signature of a parent or guardian below.

Date: \_\_\_\_\_ Signature (parent or guardian) \_\_\_\_\_

Print name: \_\_\_\_\_