



After School Aikido Program

Registration Packet

2008

AGREEMENT FOR AFTER-SCHOOL AKIDO PROGRAM (ASAP)

Roswell Budokan 11516 Woodstock Road Roswell, GA 30075 770-649-8383

I. Our Philosophy:

The focus of our after-school program is the dynamic martial art of Aikido. Unlike other martial arts, which may stress the use of strength and superior force, Aikido is unique in that each child will learn to blend with the energy of an attack. Students will learn safe but highly effective throwing, pinning, and joint control techniques. In the true samurai tradition of "Bushido," we also cultivate an appreciation for the fine arts and language of Japan, by integrating those disciplines into our program. Related classical arts activities include Japanese language, calligraphy, origami, and arts and crafts. Our ASAP program strives to provide a safe, fun, and supportive atmosphere in which the student will learn to apply the lessons of martial arts to life outside the dojo.

II. Program Management:

The after-school Akido program is offered by the Akido Association Atlanta, Inc. We are a not-for-profit section 501(c)(3) entity providing high quality Akido and related martial arts instruction in the Roswell area since 1995. Akido classes are taught by certified instructors. Related cultural arts activities are taught by experienced instructors.

III. Program Activities:

Upon arrival at ASAP, each student will dress-out in an acceptable martial arts uniform ("dogi"), and will have the opportunity to have a small snack and do homework in a quiet area while awaiting the start of class. Limited homework support will be provided if needed. As a prelude to Aikido class, the student will receive instruction in a related cultural activity, including, but not limited to Japanese language, calligraphy, origami, arts and crafts, and yoga. Energetic Aikido class will conclude the day's activities.

IV. Program Eligibility:

The ASAP program is open to all children enrolled in kindergarten through fifth grade.

V. Program Hours & Dates:

The ASAP program is held Monday through Friday. The program commences at 3:00 p.m. and all students must be picked up no later than 6:30 p.m.

VI. Dates of Operation:

ASAP will be closed as follows: all vacation days announced by Fulton County and Cobb County public schools, any inclement weather days in which area schools are closed, and any day in which the facility is closed for a special event (a minimum 30 days notice will be given for any such special event).

VII. Tuition & Fees:

(A) There is a one (1) time non-refundable \$100.00 registration fee (made payable to Aikido Association Atlanta).

(B) ASAP tuition is:

5 days/week	\$325 Month
4 days/week	\$275 Month
3 days/week	\$225 Month
2 days/week	\$175 Month

with the duration of the program being the entirety of the school year (subject to those closure dates noted above). Program fees shall be payable on the 25th of each month in advance (i.e., for the upcoming month). For children attending less than 5 days per week, we require a monthly commitment for the specific days in order to maintain accurate attendance.

(C) There will be no refunds given for student absences from ASAP;

(D) No refunds will be given if the program is closed due to inclement weather or emergencies beyond the control of ASAP;

(E) A fee of \$5.00 per child will be charged for every fifteen (15) minutes each child is picked up after the 6:30 p.m. closing time. This fee will be rounded to the closest 15 minutes;

(F) A late penalty fee of \$20.00 will be charged in the event payment is not received by the fifth (5th) day of the month (or if any credit card or check is returned);

(G) Additional fees will be required for rank advancement testing and for optional Aikido seminars. A schedule of fees for rank advancement is attached hereto as Exhibit "B;"

(H) Upon provision of thirty (30) days written notice, a customer may cancel this Agreement with the Roswell Budokan.

(I) Enrollment in ASAP shall entitle child to regular membership in Aikido Association Atlanta, Inc.'s children's Aikido program. As such, child may attend any and all regular Aikido classes available to children outside of the after school aikido class.

VIII. Transportation:

Subject to availability and demand for service at a particular school, ASAP will provide transportation for the student from school to ASAP. Our current list of participating Schools, this list is subject to change and additions as needed:

Cobb County

Garrison Mill
Mountain View
Murdoch
Shallowford
Tritt

Fulton County

Crabapple Crossing
Hembree Springs
Mountain Park
Roswell North
Sweet Apple
Amana Academy

IX. Daily Attendance of Student:

ASAP staff will sign-in/sign-out using a unique barcode provided on a membership card. Upon arrival and/or departure, each parent must sign his or her child in and out of the program. Only those individuals specified on your child's contact list will be allowed to retrieve your child. If a parent desires that his/her child be allowed to leave with someone who is not specified on the form, the parent must supply written permission to ASAP. Such person(s) must have proper identification.

X. Absences:

In order to benefit from ASAP, daily attendance is encouraged. If your child is late, or absent for any reason, please notify ASAP prior to the beginning of the normally scheduled program. There will be no credits or refunds issued for absences. In the event of a child's prolonged illness, or other extenuating circumstances, please discuss your situation with the ASAP Director.

XI. Illnesses & Medication:

(A) If a child becomes ill at the program and cannot participate in the normal routine, the parent or emergency contact may be phoned, at staff discretion, and asked to pick up the child within the hour;

(B) All participants must fill out the "Consent for Medical Treatment" in order for medications to be administered at the Center. (attached hereto as Exhibit "C");

XII. Behavior of Students:

ASAP will provide your child with a safe environment that will be both stimulating and challenging. Disruptive activity by any one child may result in the parent being called to remove the child from the program (at the discretion of ASAP). In the event the child is asked to leave the program, no refund will be given.

XIII. Parental Visitation:

ASAP has an open door policy for parents and/or guardians to come and visit at any time. Please feel free to drop in and observe your child.

XIV. Statement of Health:

I understand that my child is being enrolled in an after-school program in which he/she will participate in the martial art of Aikido. Participation will involve physical exertion and physical contact. The parent acknowledges the rigorous nature of martial arts practices and states that the child is in good health and is able to participate in all activities offered at ASAP.

XV. Release of Liability & Indemnification: All participants must fill out the "Release of Liability and Indemnity agreement (attached as exhibit 'D')

XVI. Emergency Care:

You authorize ASAP to act in place of the parents or guardians of the student should any emergency medical, dental, or surgical treatment or hospitalization be required during the time the student is attending the program. It is understood that the program and hospital authorities will make every effort to contact the parents before acting on this authorization. The parent further agrees to notify ASAP if there are any changes in emergency contact information. Parents are wholly responsible for any healthcare provider fees incurred on behalf of the student.

XVII. Children With Special Needs: While ASAP wishes to accommodate children with special needs, the rigorous nature of martial arts practice, and the primary goal of safety for all students, may preclude enrollment. Please discuss any special needs of your child with the ASAP Director.

This _____ day of _____, _____.

AFTER-SCHOOL AKIDO PROGRAM

Aikido Assn. Atlanta, Inc.

Name of Child:

Paul Domanski, President

PARENT/GUARDIAN

EMERGENCY CONTACTS

1) Contact Name (first and last)			Relationship	
Day Phone	Cell Phone		Eve Phone	Email
Address		City		Zip
2) Contact Name (first and last)			Relationship	
Day Phone	Cell Phone		Eve Phone	Email
Address		City		Zip

PICK UP AUTHORIZATION and INFORMATION

Please list all individuals that are authorized to pick-up your child. If an individual is not listed, your child will not be released. Voice authorization for pick-up will not be accepted.

1)Name	Relationship	Day Phone	Eve Phone
2)Name	Relationship	Day Phone	Eve Phone
3)Name	Relationship	Day Phone	Eve Phone

CONSENT FOR MEDICAL TREATMENT

Unless there are religious objections, you must provide the following information and authorization.

Child's Name (first and last)	Age	Birthdate	Grade
Physician Name (first and last)	Phone		
Address	City	Zip	
Medical Insurance Company	Policy No.	Subscriber	
Dental Insurance Company	Policy No.	Subscriber	
Preferred Hospital for Treatment			

I hereby authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, anesthesia and/or blood transfusions to the above named minor person that may be ordered by a physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above named minor person to the hospital. I understand that AAA, its officers and employees assume no financial obligation or liability in case of my child's accident or illness. I assume full financial responsibility for emergency treatment for my child.

Parent Signature: _____ Date _____

GENERAL INFORMATION AND AUTHORIZATIONS

Are there any behavior issues of which our staff should be aware? (Y) (N)

If yes, how do you handle these behaviors?

Does your Child have any food allergies or dietary restrictions?

Is there anything else about your child you would like for us to know?
