



KI-MARTIAL ARTS

AFTER SCHOOL PROGRAM

KI-Martial Arts
After School Program
1511 B. South Late St.
Mundelein, IL 60060
847/837-7850

After School Program Registration Form

Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Child's School: _____

Child's Teacher: _____

Pick-up Time From School: _____

Please Circle Days of Attendance:

M T W T F

Emergency Contact:

1. _____ #: _____

2. _____ #: _____

In consideration of my child's participation in KI-Martial Art's After School Program, (Such as being picked-up by staff in KI-Martial Art's vehicles, eating snacks, drinking juice, playing games and doing Tae Kwon Do, I/we do hereby fully release and discharge, and save whole and harmless KI-Martial Art's employees and owners from any and all liability for damages, whatsoever, and any and all known and unknown personal injuries.

Parent or Guardian Signature: _____ Date ____/____/____

Parent or Guardian Signature: _____ Date ____/____/____

RETURN TO KI