

**Proletics Martial Arts & Fitness**  
**After School Program**  
2023-2024 School Year

**REGISTRATION FORM**

**PARTICIPANT INFORMATION**

Please type or print legibly.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Gender:**  **Female**     **Male**      **Age:** \_\_\_\_    **T-Shirt Size** \_\_\_\_\_

**School:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Grade attending for year 2023-2024** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_ **Postal/Zip Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **cell:** \_\_\_\_\_

**Parent email:** \_\_\_\_\_

**(Include area code with telephone)**

**Mother's name:** \_\_\_\_\_ **Father's name:** \_\_\_\_\_

**Mother's day phone:** \_\_\_\_\_ **Father's day phone:** \_\_\_\_\_

**Mother's cell:** \_\_\_\_\_ **Father's cell:** \_\_\_\_\_

**Person's Authorized to pick up child:** \_\_\_\_\_

**(Please provide a copy of their ID)**

**Other Dismissal Arrangements** \_\_\_\_\_

**Emergency contact\*:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Specify any of your child's health problems:** \_\_\_\_\_

**Is your child on any medication? No Yes if so, please specify:** \_\_\_\_\_

**Payments:** Tuition may be paid by debit or credit card Make the check payable to: **Proletics.**

**Weekly Fees: \$110      With Ninja Trix \$120      Snack Account \$10**

**Registration fee: \$100 non refundable      Returning Students \$50**

**Contact Information**

For more information, contact Mrs. Deborah Harris at  
813-563-9348  
Email: proletics@gmail.com

I understand that registration and the first weeks tuition is due when signing up. We do not provide make-ups or refunds for any days missed for any reason. **THERE IS ONE WEEK IN EACH SCHOOL YEAR YOU CAN USE AS A VACATION WEEK, MEANING IF YOUR CHILD DOES NOT ATTEND YOU WILL NOT BE CHARGED. ALL OTHER WEEKS INCLUDING THANKSGIVING, 2 WEEKS FOR CHRISTMAS BREAK AND SPRING BREAK YOU WILL BE CHARGED IF YOU HAVE ALREADY USED YOUR VACATION WEEK. YOU MUST ADVISE MRS. DEBORAH HARRIS (IN WRITING) WHEN YOU WOULD LIKE TO USE YOUR VACATION WEEK.**

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DROP OFF AND PICK UP TIMES**

Drop off:

- Students will arrive at The Proletics facility around 1:30pm on half days 2:30pm on full days.

Pick up:

- Your child’s class will be finished no later than 4:45 pm. We ask that he/she does not get picked up before then to ensure they are receiving all of their training time. ALL students must be picked up by 6:00PM each day. If you or your child’s ride is running late you must contact Proletics. All evening classes start at 6:00pm therefore it is imperative that your child be picked up by this time.
- If no arrangements are made A \$1 f will be charged for every minute late after a 15 minute courtesy wait.
- When picking up your child you must come inside and walk your child out. Students will not be able to walk outside without a parent or guardian.

**REQUIRES PARENT’S SIGNATURE:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Allergies \_\_\_\_\_

Student Medical Problems \_\_\_\_\_

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy number \_\_\_\_\_



I hereby give permission to **Proletics Martial Arts & Fitness Center**, to photograph and/or videotape the student for educational or promotional purposes. \_\_\_\_\_ (Initial)

**PARENT STATEMENT**

I hereby state that (student's name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **Proletics Martial Arts and Fitness.** including but not limited to all aspects of martial arts, fitness both indoor and outdoor. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **Proletics Martial Arts and Fitness. its employee and its staff** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **Proletics Martial Arts and Fitness,** including any event sponsored or sanctioned by **Proletics.,** and or travel to and from such activities.

I understand that **Proletics Martial Arts and Fitness.** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or become involved in any activity or with any persons not associated with **Proletics Martial Arts and Fitness.** or its scheduled program and that **Proletics Martial Arts and Fitness.,** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

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