

# Two Dragons Martial Arts Leadership Academy

An After-School Martial Arts Program



Child's Last Name: \_\_\_\_\_

School: \_\_\_\_\_

Today's Date:      /      /       
Month Day Year

Which Days will your child be attending After-School?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Student Information

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

Phone: \_\_\_\_\_ School: \_\_\_\_\_

Gender:  M  F Date of Birth      /      /      Current Grade:       
Month Day Year

Does your child have allergies?  If yes, please describe \_\_\_\_\_

School attending: \_\_\_\_\_ Location: \_\_\_\_\_

Parent #1 Information (This the billing address)

Parent 1: \_\_\_\_\_  
Last Name First Name

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_  
PLEASE PRINT EMAIL ADDRESS CLEARLY

Home Address: \_\_\_\_\_  
Appt

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact (not parent): \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's name: \_\_\_\_\_

Parent #2 Information

Parent 2: \_\_\_\_\_  
Last Name First Name

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_  
PLEASE PRINT EMAIL ADDRESS CLEARLY

Address: \_\_\_\_\_  
Appt

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Alt Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Indicate any physical limitations, medications, etc. that your child may have, including any restrictions from participating in specific activities:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Available Programs**

*Monday thru Friday*

<b>Gold</b> 5 days \$400. per month	<b>Silver</b> 3 days \$265. per month	<b>Bronze</b> 2 days \$200. per month
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**Method of Payment:**  Cash  Check/Money Order  Gift Certificate

Credit Card:  Visa  Mastercard Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Parental Consent**

PERMISSION IS GIVEN to the After-School Program to bring my child to a hospital emergency room or doctor to obtain medical treatment if necessary. PERMISSION IS GIVEN for my child to be photographed or otherwise recorded during after-school activities, and such photographs to be displayed by Two Dragons Martial Arts in any medium (newsletters, websites, etc) whether now or hereafter known or developed.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_