



After-School Martial Arts at Rock Springs Christian Academy

(Taught by Championship Martial Arts)



At Championship Martial Arts (“CMA”), the focus is not just on techniques in karate and self-defense. At CMA, the primary focus is on students’ character education and development of future leaders. CMA gives students the tools to build greater self-confidence and the ability to withstand adverse peer pressure.

Is your child bullied or lack self-confidence? If your child lacks the confidence and self-esteem to stand up for him/herself against bullies, ignoring the problem is not the solution.

- What if the only thing your child learned through karate was the ability to defend themselves?
- What if the only thing they learned was better focus?
- What if the only thing they learned was better self-discipline?
- What if the only thing they learned was how to be more respectful?

What if they learned it all? We can help your child build these skills and more!

Primary Instructor will be Jim Brown

Jim is Director of Championship Martial Arts in Griffin. CMA has been teaching martial arts in Griffin for over 14 years. Prior to Covid, they operated their own after-school program. Jim has the experience to run a dependable and safe after-school program.

Integrity and values are of utmost importance to Jim. He served as an Elder in his Presbyterian church and remains active in that church. He believes we should serve our community and offers the opportunity for our students to become involved in various service projects.

Jim has trained in American Style Karate and Krav Maga. As both Director and instructor, Jim brings a unique perspective to Championship Martial Arts. From a business standpoint, Jim is responsible for ensuring a vibrant, healthy school, capable of sustaining a long-term, positive influence in your student’s life. As a martial arts student and instructor, Jim is able to identify with other students and develop programs with both viewpoints in mind.



AFTER-SCHOOL STUDENT AGREEMENT

Student Name _____ D.O.B. _____

Parent Name _____

Address _____ E-Mail Address _____

City _____ State/Zip _____

Res. Phone _____ Work Phone _____

Cell Phone _____

Spouse Name _____ Phone # _____

Emergency Contact (Name) _____ Relation _____ Phone # _____

PLEASE NOTE:

Payment is due by the Friday preceeding the first week of attendance. Thereafter, payment is due the 1st day of each following month

- ✓ A \$10.00 late fee is due if not paid within 5 days of the due date.
- ✓ There is a \$30.00 service charge for any returned check or debit.
- ✓ NOTE: NO REFUNDS – credit can be issued on services, equipment, or uniforms.

Initial here in agreement X _____

1. I _____ UNDERSTAND THAT CHAMPIONSHIP MARTIAL ARTS IS A MARTIAL ARTS SCHOOL AND NOT A DAYCARE IN AS SUCH, THEIR STOCK-IN-TRADE IS NOT SUPERVISION AND CARE. THEIR INTENT IS TO TEACH MARTIAL ARTS, PHYSICAL TECHNIQUES AND PHILOSOPHICAL CHARACTER BUILDING SKILLS. THE SUPERVISION AND CARE OF THE CHILDREN IS INCIDENTAL TO THEIR PARTICIPATION IN THE ACTIVITY OR TRAINING IN KARATE/MARTIAL ARTS. CHAMPIONSHIP MARTIAL ARTS IS NOT ASSUMING RESPONSIBILITY FOR THE PROVISION OF DAILY CHILD CARE OUTSIDE THE SCHEDULED PROGRAM (FROM ARRIVAL TO DEPARTURE, INCLUDING SCHEDULED CLASSES).

Initial here in agreement X _____

WAIVER & RELEASE OF LIABILITY

You agree that you are aware that Student/Participant (“Student”) is engaging in activities and the use of equipment, training and instruction that can be dangerous to the participant and could cause injury or death to Student. Student is voluntarily participating in these activities and Student assumes all risks of injury to Student, which may result. Student, parent or guardian hereby waives and releases and forever discharges any claim at law and at equity or right to sue Elite Defense Tactics, LLC (“EDT”), EMAA Studio LLC, Championship Martial Arts (“CMA” or “School”), Rock Springs Christian Academy, their owners, instructors, administrators, staff, employees, heirs, successors, or landlord, for any damage, loss, injury, suffering, or death to Student, which may result, known or unknown, which may be sustained by student in connection with and in course of receiving training and techniques from the instructor or instructor’s staff, officials or employees either in the studio or at any remote site that School may use. Student, parent or guardian has carefully read this waiver and release and fully understands it is a release of all liability and damage and hereby waives his/her rights to the claims, actions, cause of actions, demand or suit for loss, injury, damage, or suffering sustained as a result of anything other than gross negligence on part of this school. The School will make no evaluation or recommendation whether participant is sufficiently physically fit for any activities.

LOSS/DAMAGE/THEFT OF STUDENT’S PROPERTY: The School does not assume any responsibility for the loss, damage or theft of any property belonging to the Student. Student agrees that the School and its personnel are not responsible for, or liable for, any such property even if its loss, damage, or theft occurs on or about the School’s facility.

I (Custodial Parent/Legal Guardian) _____ HAVE BEEN ADVISED AND UNDERSTAND THAT THIS PROGRAM IS NOT LICENSED BY THE STATE OF GEORGIA OR ANY OTHER AGENCY.

AUTHORIZED SIGNATURE X _____ Date _____



2022 AFTER-SCHOOL SCHEDULE

- Mondays when Rock Springs Christian Academy is in session
- Students K-4 through 3rd Grade will have classes at 3:45 – 4:30
- Students 4th Grade through 8th Grade will have classes from 4:45 – 5:30
- Note – If demand is sufficient, CMA will offer a second weekly class

REGISTRATION FEE

- The Registration Fee is \$40.00 per student. This entitles student to a new uniform and new belt at each graduation.
- It is due with the submission of the application.

RATE

- Monthly Rate is \$65 for 1 day/week for first family member and \$55 for all additional family members, **IF PAID ON TIME.**
- If a 2nd class per week is offered, the monthly rate for 2 days/week will be \$110 for the 1st family member and \$95 for any additional family members.
- **Payments are non-refundable!** If unable to attend for 3 or more classes in any month after payment is made, a credit for future classes will be offered.

PAYMENT POLICIES

- To reserve your place, payment of the Registration Fee and the pro-rated first month's payment is due by the Friday preceding the first week of attendance.
- Payment for following months must be paid no later than the 1st day of each month.
- **If payment is more than 5 days delinquent, a \$10 Late Fee will be charged.**
- There is a \$30.00 service charge for any returned check or debit.
- NOTE: NO REFUNDS – credit can be issued on services, equipment, or uniforms.

SOCIAL MEDIA DISCLAIMER

- Championship Martial Arts HAS OUR PERMISSION to use photographs and/or videos taken at Rock Springs, on their website, advertising or any social media outlet. We understand names will NOT be included on anything without our written permission.

Sign if permission is given: _____ Sign if permission is denied _____.

I have read and understand all of the preceding information.

Parent's Name: _____

Parent's Signature: _____ Date: _____

Please remember that in addition to this After-School program, CMA also has karate classes at its studio in Griffin. If you are interested for yourself or for your child, please ask your instructor for class details and a schedule.



RELEASE FOR EMERGENCY CARE

(This form must contain only one child's name and be updated annually)

I understand that in the event of an emergency, 911 may be contacted first and they will attempt to contact me immediately after. I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____ in the event of an emergency where I cannot be reached or in the event I am not available to make a necessary decision. I give consent to transport by ambulance if the situation warrants it and will take full responsibility for any and all associated costs.

Family Physician's Name/Health Care Resource

Telephone Number

Allergies: _____

Insurance Company covering child: _____

Policy Number: _____ Group No. _____

Signature of Custodial Parent/Legal Guardian

Date

Phone Number (H) _____ (W) _____

Emergency Contact: _____
Name Area Code, Telephone Number

Street Address (number, apartment, street) City, State, Zip

Payment Form

**2022 After School Enrichment Program Payment Form
Championship Martial Arts @ RSCA Enrichment Program**

Student's Name _____

Student's Grade _____ **Student's Date of Birth** _____

Parent/ Guardian's Name _____

Parent's Phone Number _____

Home Address _____

Payment Options:

Check *Check and/or money order may be delivered directly to instructor at the first class of each month during the program.*

Money Order *A \$30 fee will be charged for all returned checks.*

Credit/Debit Card

Credit Card Authorization Form

*Please complete all fields. You may cancel this authorization at any time by contacting us at (770)228-6159. This authorization will remain in effect until canceled or end of program, whichever comes first. *

Credit Card Information

Card Type: Mastercard Visa Discover AMEX

Cardholder Name (as shown on card) _____

Card Number _____

Expiration Date _____ Security Code _____

Cardholder ZIP Code (from credit card billing address) _____

I, _____, authorize Championship Martial Arts to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date