



25221 Bernwood Dr. #1/2
 Bonita Springs, FL 34135
 (239) 221-KICK (5425)
www.TKDchampion.com

2019/20 After School Registration			
1 st Child		D.O.B.	
2 nd Child		D.O.B.	
3 rd Child		D.O.B.	
Address			
Phone/Cell			
Email			
Medical Cond.			
Parents Name			
Authorized Pick Up List			
School Attending			

Liability Waiver

The below-named participant agrees to abide by all the rules set forth and accepted by World Championship Taekwondo, Inc. Rules will be supplied upon request. I agree to abide by any decisions of World Championship Taekwondo, Inc., its instructors, employees or agents regarding my ability to participate. I understand and appreciate the risk; this activity involves risk and danger of serious bodily injury, including permanent disability, paralysis and death. Risk also includes but not limited to falling, physical contact with others and with objects used in training, which include pads and boards. In consideration of the acceptance of this application by World Championship Taekwondo, Inc., I, on behalf of myself and all other persons and entities Acting or entitled to act on my behalf, including my representatives, guardians, heirs and assigns, hereby release the World Championship Taekwondo, Inc. and its instructors, employees and agents. I also release Master Toby Oliver from all claims, damages, liabilities and cause of action of any kind, and hereby voluntarily and knowingly waive any such claims, damages, liabilities and cause of action, and all rights hereto, for any injury received while participating in this event. Further, I understand and acknowledge that I am solely responsible for medical benefits or health insurance assigned to me and on behalf of any injuries I may suffer as I participate in this tournament or any other activity on any premises owned, leased or used by those persons or entities for this event. Further I understand that photographs and video may be taken as I participate in these activities and I grant full usage of my image and likeness for promotional, publicity and advertising purposes connected with World Championship Taekwondo, Inc., without any present or future claim for compensation or damages. I also covenant not to sue World Championship Taekwondo, Inc., for any injuries up to and including death related to this event. Permission to participate in this event sponsored by World Championship Taekwondo, Inc., is conditional upon completion of this form. I fully accept all terms and conditions stated herein, and this acceptance is evidenced by my signature or that of my parent or guardian as appropriate affixed this form in proper space below. All registrations are final and nonrefundable.

Student			
Parent			
Signature		Date	



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Rate/Price	1 st Child	2 nd Child	3 rd Child
Full Time/Monthly	\$269	\$229	\$209
Full Time/School year Agreement	\$229	\$199	\$169
Part Time/3 days	\$199	\$179	\$159
Registration Fee	\$45	\$45	\$45
Break Agreement Fee	\$229	\$199	\$169

Rules/Policy of After School Program		Initial
This registration form serves as an agreement for continued service through the end of the 2019/20 calendar school system per the Lee County Florida school district schedule		
You may break this agreement for a fee of \$219/child registered		
Payment will be auto deducted on the 1st of the month every month by credit/debit card.		
You may pay by check to avoid the credit/debit card charge, as long as payment is received prior to the 1st of the upcoming month.		
There will be a \$25 returned check fee on any checks		
There will be a \$10 fee added to any declined or failed payments.		
It is your responsibility to update any payment methods to avoid any late fees.		
If payment is not received by the 5th of the month, service will be suspended until the account is brought current.		
Accounts not in good standing may not participate in supplemental programs, camps, belt tests, tournaments or any other function.		
If the account is not brought current after 30 days, WCT may file for the entire balance of the agreement in full.		
You may not exit your vehicle at anytime during the parent pick up process. If you need to meet with a staff member, please pull to the front door and enter.		
Signature		Date



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Credit/Debit Card Authorization Form

Credit/Debit Number: _____

Expiration Date: ____/____ CID: _____ Billing Zip Code: _____

Initial the following:

_____ I understand that if I change or update my credit card number, I must supply a new number immediately to avoid interruption in service.

_____ I understand that if my card is declined, I will be billed for the entire amount of the tuition plus a late fee of \$10 in addition to the service fee.

Student Name: _____

Print Name: _____

Signature: _____ Date: _____