

**AFTER SCHOOL PROGRAMS**  
**Fall '11 Spring '12**

**After School Program**

\$75.00 per week/\$300 per month(5 weeks/\$375)

Program runs August through June 30<sup>th</sup>. June payment will be prorated due to different school closings.

(NOTE: INCLUDES AFTER SCHOOL MARTIAL ARTS ONLY – NOT SPRING BREAK OR SUMMER CAMP.

**Year Round Program**

\$366.67 per month/ or \$387.50 per month for BBC, Our year round program includes after school, Spring break, summer camp and Christmas camp. Starts September 1<sup>st</sup>.(Includes registration fee for After school and Summer camp)

**After School Black Belt Program** \$81.25 per week/\$325 per month (5 weeks/\$406.25)

10% discount on retail – 15% on testing days, may participate in weapons training, special belts with black strip, can wear black pants and may sparr. (NOTE: INCLUDES AFTER SCHOOL MARTIAL ARTS ONLY – NOT SPRING BREAK, SUMMER CAMP OR CHRISTMAS BREAK.

We will be open on spring breaks and Christmas break-Camp charges apply.

**Existing students in BBC or M/C**

\$50.00 per week (Afterschool only)

**Daily Rates**

\$25.00 per day

**\*\*2<sup>nd</sup> family member receives 15% off After school programs\*\***

**Closings**

April = Good Friday/Easter Monday, May = Memorial Day, July = July 4<sup>th</sup>, 1 week in Summer (week of 7/4), September = Labor Day, October = Halloween, November = Thanksgiving, December/January = Christmas/New Year Holiday. Snow Closings: We follow Worcester County School system. If Worcester County closes prior to start of day, we are closed; if they close early, we provide transportation for your child to be dropped off at CMA – regular pick up time (6:00 PM) applies.

**Late Pick Up Policy/No Show**

A charge of \$10 for the first 5 minutes will apply for ALL late pickups and \$1 per minute thereafter. No exceptions! No excuses! **Please Note** – you must call CMA at **410-213-9040** by **12:00 PM** to inform us if your child will not be attending our program that day

Your cooperation is appreciated.

**NOTE: \$49.95 Registration fee is non-refundable and includes Uniform, patches & AAU dues for current year. Also, a signed contract is a financial agreement and cannot be cancelled or altered.**

**FIRST PAYMENT DUE:** At time of registration, thereafter, the 1<sup>st</sup> of every Month.

*WELCOME TO CMA'S*  
**AFTER SCHOOL MARTIAL ARTS PROGRAM**

- Transportation will be provided to our facilities. Please ensure that your children understand the regulations concerning safe bus conduct include remaining seated on the bus at all times.
- Please make payments in advance and on time to ensure your child's participation in the After School Program. There will be a **\$10.00** late fee for any payments made after the 1<sup>st</sup> of every month.
- **There will be no refund of any payments for missing the program.**
- Belt testing, tournaments, sleepovers and camps are available for an extra cost.
- On the days that your child's school is closed, kindly inform us the day before whether your child will or will not be attending our program, as well as the time that you will be dropping them off. Drop off time is between 8-9 AM. This will enable us to plan our schedule accordingly to better serve the needs of all involved. When school is closed for summer vacation, a camp will be offered at an additional cost.
- Snow day policy: We follow Worcester County Schools inclement weather policy. If they are closed all day, we will be closed. No after school program will be offered for that day. If they close early, we will pick up the children early and keep them here until 6:00 or will notify if early pickup is required for safety purposes.
- There will be ample time for your child to enjoy his/her snack after school. Please, however, make sure that it is something that will keep throughout the school day.
- In case the children are unable to bring a snack, they may purchase the snacks at our facility.
- Students must bring a clean uniform with their belt EVERYDAY. Parents please check to ensure that your child leaves with everything they came with when you pick them up. You will need to label your child's belongings. Please check the lost and found box on a weekly basis.
- For the safety of your child, only an authorized person must sign your child out every day. Be prepared to show ID.
- Pickup time for the after school program is no later than 6:00 p.m. There is a late pick-up fee of \$10.00 for first 5 minutes and \$1 per minute thereafter. Please be prepared to pay upon pick up.

**PARENT'S RESPONSIBILITY CHECKLIST:**

- \_\_\_\_\_ 1. NOTIFY TEACHERS.
- \_\_\_\_\_ 2. NOTIFY SCHOOL OFFICE THAT YOUR CHILD IS TO BE IN THE LINE FOR "Chesapeake Martial Arts".
- \_\_\_\_\_ 3. CALL CHESAPEAKE MARTIAL ARTS BY 12:00 IF YOUR CHILD WILL NOT BE ATTENDING THAT DAY.

We try very hard to accommodate your needs, but we must have guidelines to make everything run smoothly. Please help us to better serve all of our members.

# Chesapeake Martial Arts

## After School Policies and Procedures

In order for the after school program to run as smoothly and safely as possible, the following policy and procedures will take effect:

### **Absences**

The parent/guardian must call CMA **before** noon if your child will not be attending school for any reason. This way we will know if transportation is needed on that day and we are not waiting at the school to pick up your child. A **\$25** fee will be assessed for failure to adhere to this policy and will be strictly enforced.

### **Label Property and Lost and Found**

Please label all items brought to CMA; coats, uniforms, belts, books, book bags, etc. and check lost and found weekly. At the end of each week, unclaimed items will be donated to Good Will. We have limited space in the classroom and we do not have the storage room for unclaimed property.

### **School Closings**

Throughout the year, on professional days and certain school closings, we may take the children on various field trips. For each trip, the parent will be notified of all details in advance and a permission form will be available to sign. All field trips are chaperoned by staff members. A separate trip fee may be necessary and a sign up sheet will be available **at least** one week in advance for planned school closings. Drop off is between 8:00am and 9:00am. Activities will begin promptly at 9:00am and will end at 4:30pm. Our extended hours will be from 4:30pm to 6:00pm at no additional charge.

### **Inclement Weather**

If Worcester County Schools are closed, CMA will be closed. Please listen to local radio and TV stations for closings. If schools close early for inclement weather, CMA will pick up your child from school or the bus will drop them off at CMA.

### **Late Pick Up**

**CMA After School CLOSSES at 6:00pm. There is a late pick-up fee of \$10.00 for first 5 minutes and \$1 per minute thereafter. Please be prepared to pay upon pick up. We realize emergencies come up and a phone call is required if there is an emergency. Late fees must be paid immediately to CMA in order for your child to return the next day. Repeated acts of lateness may result in a meeting with the director.**

### **Illness**

If your child becomes ill at CMA, the parent will be immediately notified and must be picked up as soon as possible. The following guidelines will be used for all children:

**FEVER-** If your child has a temperature of 100 degrees or higher, the parent will be called and the child must be picked up.

**DIARRHEA, VOMITTING-** If a child has a liquid watery stool and /or is vomiting, the parent will be called and the child must be picked up immediately.

**MEDICATIONS-** We do not administer any medications to your child.

Please do not send your child to CMA if he/she has a communicable disease or does not feel well enough to participate in all activities. Please do not forget to notify CMA if your child will be absent due to illness.

### **Injuries**

If a child is injured at CMA, an accident report will be written by the director and/or staff and will need to be signed by the parent upon pick up that night. Appropriate first aid will be given to minor injuries. Parents will be notified of any major accidents or injuries immediately.

### **Discipline**

Part of the normal development of every child is the need for and the understanding of acceptable behavior. The after school staff at CMA will:

1. Discipline with understanding, firmness, and consistency.
2. Set simple and reasonable rules of behavior for all children.
3. Redirect inappropriate behavior.
4. Use praise and positive reinforcement for appropriate behavior.

### **Sign Out**

For the safety of your children, please note that all children must be signed out.

Please sign below that you acknowledge and will adhere to the policies and procedures stated above.

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

\_\_\_\_\_  
Date

We thank you in advance for your cooperation and support regarding the above.  
The Staff of Chesapeake Martial Arts



## Section II

### Additional Terms and Conditions

I, as the Buyer, enter into this Agreement with Chesapeake Martial Arts (hereinafter referred to as “the School”), and do hereby agree, on behalf of myself, my children, and all persons who become entitled to use the facilities of the School by virtue of my membership as follows:

**WAIVER AND RELEASE:** I and my child(ren) fully recognize the risks of injury and/or illness inherent in participation in any fitness or martial arts program, and we represent to the School that we have taken all reasonable steps to determine, and hereby warrant, that we are in good health and physically capable of participating in the programs and courses of instruction offered by the School. We acknowledge that the School shall make no, and shall have no responsibility to make any independent evaluation of our physical health or fitness. We understand and agree that all participation in any such fitness program or use of the School’s facilities or equipment on or off the premises of the School shall be at our own risk.

I understand and agree that the school will not be held liable for injuries, damages, etc., not caused by or resulting from the negligence of the owners, operators, employees or persons in charge of such establishment out of or in connection with our participation in any program or course of instruction either on or off the premises of the School. We understand and agree that the School shall not be responsible for the conduct of other users of the School or its facilities or equipment, or participants in the School’s off-premises programs, or for any injury or damage to property resulting from such conduct and we shall bring any action of proceeding against the School for any payment compensation or claim for any injury or loss of property caused by any such user.

**LOSS/DAMAGE/THEFT OF PROPERTY:** We understand and agree that neither the School, nor its officers, directors, agents, or employees shall be responsible for any personal property which is damaged, lost, or stolen in or around the School or its facilities, or any of the School’s off-premises events.

**RULES AND REGULATIONS:** I and my child(ren) agree to abide by the rules and regulations governing the conduct and operation of the facilities. We understand that the School has the right to alter or amend any and all rules and regulations, including those set forth in this Membership Agreement, and we agree to abide by all such amended rules and regulation. We acknowledge that we have been provided with a copy of all current rules and regulations.

We understand that our membership and the right to use the School’s facilities and programs may be suspended or terminated at any time, with or without cause.

**ADDITIONAL COSTS:** We understand and agree that there will be special events held at the school, including but not limited to belt tests, tournaments, camps, sleep-overs, etc., and these events all incur additional fees beyond the amounts set forth in this Agreement. We also understand and agree that the cost of uniforms, equipment, supplies, and food items such as snacks are not included in the cost set forth above, and must be purchased separately. Also, on scheduled days off from school, there may be additional fees for field trips.

**PHOTOGRAPHS:** We hereby authorize the center and its agents, successors and assigns to photograph me or my child(ren) and/or our voice without restriction and to utilize such photographs and /or voice transcriptions for any commercial purpose, including but not limited to the promotion and marketing of the School, and we agree that we shall not be entitled to receive any compensation whatsoever of any kind as a result of such use.

PAYMENT: I understand that my tuition is arranged to be made in weekly installments and is not affected by my training schedule and/or attendance. I further understand that failure to complete the training does not relieve me of my obligation to pay the tuition in full.

As required by the General Obligations Law, you have certain rights to cancel this agreement. These are set forth in SECTION III of this agreement and are made a part of this agreement. You may cancel this agreement without any penalty or penalty or further obligation within three (3) days from the date of this agreement. Notice of cancellation shall be in writing and mailed to the school by registered or certified mail.

A late charge of Ten dollars (\$10.00) will be assessed for any late payments.

**I UNDERSTAND MY RIGHTS AS STATED ABOVE**

Accepted by \_\_\_\_\_ Date \_\_\_\_\_

Student/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section III** =====

**Consumer's Right to Cancellation**

You may cancel this contract without any penalty or further obligation within three (3) days from the date of this agreement and receive full refund on down payment. Notice of cancellation shall be in writing and mailed to the school by certified mail.

If you move your residence more than 25 miles from the school facility, cancellation under this section requires written proof of new permanent address, phone number, name and address of new employer and requires 30-day advance written notice.

**Notice of Consumers' Rights**

1. Our school registration number is E2625.
2. Our school is not required to carry a performance bond under regulations since we do not collect more than three months tuition in advance or an initiation fee of over \$200.
3. You have the right to cancel this contract within three (3) business days after receipt of a copy of this contract. Cancellation must be in writing, and delivered either in person or by certified or registered mail to the school. You are entitled to a full refund if cancellation is received within three (3) business days.
4. If you become disabled for at least three (3) months during the membership terms and that disability is confirmed in writing by a physician, you have a right to an extension and/or termination of the contract.
5. If the school is closed for a month or more, you are entitled to your choice of either an extension of the contract or prorated refund, except if the closing is not the fault of the facility, in which case the choice of remedy is the school's.
6. This Notice of Consumer's Rights is an integral part of the Application and Contract for Membership.

\_\_\_\_\_  
STUDENT'S OR GUARDIAN'S INITIALS

# CHESAPEAKE MARTIAL ARTS

## STUDENT MEDICAL INFORMATION FORM

The following medical information form is to be used for the sole purpose of the complete safety of the student. This information is vital in case of an emergency. Please complete this to the best of your knowledge. Please be careful to spell all illnesses and/or medications correctly. It is very important to update any necessary changes to this pertinent information.

**STUDENT NAME:** \_\_\_\_\_

**ALLERGIES :**

(i.e., medication and/or food)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICATIONS :**

(currently being used for treatment of existing illness/injuries.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HISTORY OF ILLNESS / INJURY :**

(i.e., diabetic, epileptic, heart disease, musculoskeletal problems, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION :**

Contact Person(s) and Relationship	Phone Number
1.	
2.	
Doctor's Name	Phone Number
1.	

***Privacy Statement:*** *This form is confidential and will only be used by key personnel for the safety of all involved. The only time that this form will be given out is to Emergency Medical or hospital personnel if the person above must be transported to a hospital or emergency center.*

\_\_\_\_\_  
*School Owner*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Student/Guardian*

\_\_\_\_\_  
*Date*



# INDIVIDUAL MEMBERSHIP APPLICATION



- > This is a membership application form. Complete all areas and forward to your local Association office.
- > For information on registration and programs, call 1-800-AAU-4USA.
- > AAU membership provides each member with an opportunity to participate in AAU events. Membership benefits include accident insurance (which is secondary and is applicable after any primary coverage) for all properly sanctioned AAU events and supervised practices of member clubs. Specific details on coverage can be obtained from your local AAU Association.
- > A membership card will be forwarded by your local Association.

ANNUAL MEMBERSHIP DUES	Regular Fee	"AB" Fee	Regular Fee	"AB" Fee
Youth Athlete	\$12.00	\$14.00	<b>Adult Athletes in the Following Sports</b> Athletics, Baseball, Basketball, Gymnastics, Softball, Surfing, Trampoline & Tumbling, & Weightlifting	\$22.00      \$25.00
Coach	\$14.00	\$16.00	<b>Adult Athletes in the Following Sports</b> Field Hockey, Flag Football, Inline Hockey, Soccer & Wrestling	\$22.00      \$27.00
Volunteer or Official	\$14.00	Not Available	<b>Adult Athletes in the Following Sports</b> Chinese Martial Arts, Judo, Jujitsu and Karate	Not Available      \$27.00
<b>Adult Athletes in the Following Sports:</b> Aerobics, Baton Twirling, Golf, Jump Rope, Physical Fitness, Physically Challenged, Swimming, Table Tennis, Tennis and Volleyball	\$12.00	\$14.00	<b>Adult Taekwondo Athletes</b>	\$22.00      Not Available
			<b>Adult Powerlifting Athletes</b>	\$32.00      \$37.00

The AAU membership year is September 1st - August 31st yearly.

Association:		Club Code:		Club Name:	
Insurance:				Application Date:	
First Name:		Middle Name:		Last Name:	
Street Address:					
City:		State:		Zip Code:	
County:		Work Phone: (      )		Ext.:	
E-Mail Address:				Home Ph: (      )	
Birth Date:      /      /		Gender... <input type="checkbox"/> Male <input type="checkbox"/> Female		Fax: (      )	
				Cell: (      )	
Added Benefit: <input type="checkbox"/> Yes <input type="checkbox"/> No		Category: <input type="checkbox"/> Athlete <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer		Program: <input type="checkbox"/> Youth <input type="checkbox"/> Adult    Sport:	
<b>ARE YOU ALREADY COVERED WITH HEALTH AND ACCIDENT INSURANCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO					
I agree to be bound by the AAU Code as well as AAU operating procedures and policies, including but not limited to: binding arbitration and the release and indemnity of the AAU. By paying my annual membership dues, I certify that I have never been convicted of any sex offense nor felony; or, if so, I must apply for membership (an receive approval) through the AAU National Office.					
<i>Note: Parent/Guardian signature required if member is under 18 years old.</i>					
Member's Signature:			Parent/Guardian Signature:		

~ THIS IS ONLY AN APPLICATION - NOT A VALID MEMBERSHIP CARD ~

### PLEASE SELECT YOUR PRIMARY SPORT

Youth and Adult Sport Codes

Codes	SPORT	Codes	SPORT	Codes	SPORT	Codes	SPORT
AE	Aerobics	CM	Chinese Martial Arts	JR	Jump Rope	SU	Surfing
AT	Athletics	DA	Dance	JU	Judo	SW	Swimming
BL	Baseball	FB	Adult Womens' Baseball	JT	Jujitsu	TB	Table Tennis
BA	Basketball/Boys	GB	Girls' Baseball	KA	Karate	TW	Taekwondo
BW	Basketball/Girls	FH	Field Hockey	PF	Physical Fitness	TE	Tennis
MB	Basketball/Men	FF	Flag Football	PC	Physically Challenged	TT	Trampoline & Tumbling
WB	Basketball/Women	GO	Golf	PL	Powerlifting	VB	Volleyball
BT	Baton Twirling	GY	Gymnastics	SC	Soccer	WL	Weightlifting
CH	Cheerleading	HO	Inline Hockey	SB	Softball	WR	Wrestling

### ATHLETE'S CODE OF HONOR

I promise upon my word of honor that I will not take unfair advantage of an opponent, that I will be courteous in word and demeanor to opponents, officials and spectators, that I will observe the rules of the game in spirit as well as in letter, and that I will constantly strive to uphold the ethics of amateur sports.

### COACHES'/VOLUNTEERS' CODE OF HONOR

I promise upon my word of honor to help create an environment in which primary emphasis is placed upon the emotional and physical well-being of all AAU athletes, rather than winning. I will lead by example, and will demonstrate the value of fair play and sportsmanship to all participants. Lastly, by becoming an AAU member, I agree to be bound by the AAU Code as well as all AAU operating procedures and policies.

