Team Ascension Martial Arts LLC
Team Ascension Registration Form and Releases 2026-2027

[redacted]

Participant Name _____Male____ Female____ DOB___/___/___Age_____

Allergies/Special Conditions_____Shirt Size_____

Main Contact Is Parent/Guardian a member of Team Ascension __Yes __No

Name_____

*Phone_____ *Email _____

Emergency Contact & Phone _____

Address _____

Additional Person(s) Authorized To Pick Up Your Child_____

***Your child will not be released to anyone else unless permission is given in writing by you, adults picking up your child may need to show a Photo ID*

Name_____Phone_____

Name_____Phone_____

Liability Release

I acknowledge and understand that participating in the selected activity and participating in classes, private lessons, or seminars creates a risk of injury for myself and/or my child. In consideration for participating, I agree to defend and indemnify Team Ascension Martial Arts LLC, its employees and agents from all claims for damages arising out of myself and/or my child's participation with Team Ascension Martial Arts LLC. I further waive all claims against Team Ascension Martial Arts LCC, its employees and agents for cause of action present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of participation with Team Ascension Martial Arts LLC facilities and equipment. Participants registering hereby permit the taking of photos, audio, and videotape during Team Ascension Martial Arts LLC activities for publication, security, and use as the facility seems appropriate.

Emergency Medical Authorization

I give the Team Ascension Martial Arts LLC permission for myself and/or my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a certified staff member of Team Ascension Martial Arts LLC. I also give permission for myself and/or my child to be transported by ambulance to an emergency center for treatment. I authorize Team Ascension Martial Arts LLC to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to my child or ward if an emergency occurs when I cannot be located immediately. It is also understood that this agreement may only cover those situations which are true emergencies and only when I cannot be reached. I understand that the provider will take every effort to contact me and/or my designated emergency contacts. I will be responsible for payment of medical expenses.

X_____

Signature of Parent or Guardian/ Participant (Over the age of 18) Date

Please mark below which program for TEAM ASCENSION JUST ASK+ AFTER SCHOOL KARATE you are registering your child for:

BASELINE - $6.25 AN HOUR [ ]

- Includes all of the above
- Pick up from school
- Group Mentoring
- Access to both learning center and martial arts classes, and more!

PREMIUM - $12 AN HOUR [ ]

- Includes all of the above
- Pick up from school
- Access to learning center classes, martial arts classes, computer lab, and more
- Parent workshop and field trips
- Individual, one on one peer mentoring every single day, with an emphasis on guiding children toward their dream job one day, and teaching entrepreneurial skills

CHILDCARE PAYMENT POLICY

Thank you so much for giving us the opportunity to be part of your children's lives. We recognize the trust you are giving us. By registering for our program, you are agreeing to our payment policy below. This policy has been put in place as of **8/26/2025**, and is as much for your peace of mind and protection as ours. Our philosophy has always been to make life as easy as possible for our parents, with our own program set up and run by a working mom. We are always willing to try and work things out as best we can, so don't hesitate to reach out. With that being said, below are some of our flexible payment plans, as well as our payment policy.

POLICY

For those paying out of pocket, you have the option to pay weekly, biweekly, or monthly. Please mark below which dates and times you intend to pay. From the outset of the initial invoice, you have **one month** to pay the invoice in full. After the month has passed, service will cease until payment has been received, at which point service can continue again. Our rate is **hourly** (as selected on the prior page), with no late fees added. However, if you have pickup from school, we request at least a **2 hour notice** on the day of if your child will not be picked up from school that day. Failure to alert **TEAM ASCENSION** will result in **a $3 fee**. We encourage you to consider one of these payment plans below. Special discounts apply for those who go through the payment plans.

1. **PAYPAL (Payments in 4 installments)**
2. **PAYPAL (3, 6, 9, 12 month payment plan)**
3. **AFFIRM (3, 6, 9, 12 month payment plan)**
4. **CHILDCARE EMPLOYER CASE (*we help businesses without dependent care accounts set them up for their employees! Ask us how!)**
5. **CHILDCARE ASSISTANCE *If eligible**

To register for our childcare program, we also require:

Parent SSN: **ADDRESS:**

Employer (*If on Employer Childcare): **Employer Phone:**

[redacted]

Please check the appropriate answer to the following questions:

1. Does the participant have allergies? *	[ ] Yes	[ ] No
2. Diet Restrictions?	[ ] Yes	[ ] No
3. Can they participate in all activities? **	[ ] Yes	[ ] No
4. Are they taking medication? ***	[ ] Yes	[ ] No
5. Is the participant coming off any medications?	[ ] Yes	[ ] No

If Yes, please explain:_____

_____

**Participants with life threatening allergies requiring an accommodation maybe required to provide medical clearance documentation. Failure to comply may result in delay of participation.*

***If you and/or your child requires an ADA accommodation for their successful inclusion, please be sure to make a note of that on this form and provide a diagnosis and any other helpful information. Contact will be made with you from the instructor.*

****If you and/or your child is taking medication please complete and submit the Permission to Dispense Medication Waiver / Release of ALL Claims Form and the Instructions for Dispensing Medication form.*

Has the participant had:

1. Measles	[ ] Yes [ ] No	13. Recent injury, illness or infectious disease	[ ] Yes [ ] No
2. Chicken Pox	[ ] Yes [ ] No	14. Chronic or recurring illness/condition	[ ] Yes [ ] No
3. German Measles	[ ] Yes [ ] No	15. Heart defect/disease/murmur	[ ] Yes [ ] No
4. Mumps	[ ] Yes [ ] No	16. Eating disorder	[ ] Yes [ ] No
5. Hepatitis A/B/C	[ ] Yes [ ] No	17. Diarrhea/constipation	[ ] Yes [ ] No
6. Mononucleosis	[ ] Yes [ ] No	18. Wear glasses/contacts/eye wear	[ ] Yes [ ] No
7. Frequent ear infections	[ ] Yes [ ] No	19. Orthodontic appliance (e.g., retainer)	[ ] Yes [ ] No
8. Asthma	[ ] Yes [ ] No	20. Hypertension (high blood pressure)	[ ] Yes [ ] No
9. Diabetes	[ ] Yes [ ] No	21. Emotional difficulties for which professional help was sought	[ ] Yes [ ] No
10. Seizures/convulsions	[ ] Yes [ ] No		
11. Frequent headaches	[ ] Yes [ ] No	22. Dizzy/passed out after physical activity	[ ] Yes [ ] No
12. Head injury/concussion	[ ] Yes [ ] No	23. Skin Problems (itching rash, acne)	[ ] Yes [ ] No

What are the participants likes, dislikes, fears or rewards that will help the staff to ensure success at Team Ascension?

_____

_____

_____

X_____ _____

Signature of Parent or Guardian/ Participant (Over the age of 18) Date

Team Ascension Martial Arts LLC
Parent / Guardian Agreements

1. Team Ascension Martial Arts LLC agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if requested by Team Ascension Martial Arts LLC.
2. The parent/guardian agrees to inform the Team Ascension Martial Arts LLC within 24 hours or the next business day after their child or any members of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
3. I understand that it is my responsibility to have my child picked up from Team Ascension facilities following the class hours and/or designated extended hours when applicable. I am aware that if I am not able to pick up my child, ward, or family member, I will arrange for an authorized adult to pick up my student. I understand that if either myself or authorized adults pick up my child from a Team Ascension facility, Team Ascension Martial Arts LLC will do everything deemed reasonable to get in contact with myself, or authorized adult, to arrange pick up. If the parent, or authorized adult, is not reached within an hour of camp ending without notice or prior arrangements made, Team Ascension Martial Arts LLC will request the assistance of the local Police Department. If child is consistently left past pick-up times, a fee may be added, or participation may be terminated.
4. I have received the participation information handbook and understand that it is my responsibility to read and understand/be aware of ALL policies including Code of Conduct, Behavior Management, and Gym Absence forms as outlined in the Participant Handbook.

X_____ _____

Signature of Parent or Guardian/ Participant (Over the age of 18) Date

Team Ascension Martial Arts LLC

Gym • Practice Areas • Waiting/Lounge Area • Off-Site Activities

Participant Agreement, Release and Acknowledgement of Risk

In consideration of the services of Team Ascension Martial Arts LLC, their agents, owners, officers, volunteers, participants, employees, sponsors, and other persons or entities acting in any capacity on their behalf, I hereby agree to release and discharge Team Ascension Martial Arts LLC, on behalf of myself, my children, my parents, my heirs, assigns, personal representative, and estate as follows:

1. I acknowledge that being in the gym/practice area, waiting area, and off-site activities entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, Team Ascension Martial Arts LLC employees have difficult jobs to perform. They might be unaware of a participant's fitness or abilities. Instructors may give inadequate warnings or instructions, and the equipment used might malfunction. I am aware that while there will be Team Ascension Martial Arts LLC staff supervision, it does not necessarily mean an instructor or staff member will be present during sport activities.

2. I expressly agree and promise to accept and assume all of the risks existing in these activities. My child's participation in these activities is voluntary.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Team Ascension Martial Arts LLC and Team Ascension Martial Arts LLC staff from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in this activity or my child's use of Team Ascension Martial Arts LLC equipment or facilities, including any such claims, which allege negligent acts or omissions of Team Ascension Martial Arts LLC.

4. Should Team Ascension Martial Arts LLC or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage my child may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to my child. I further certify that my child has no medical or physical conditions, which could interfere with their safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Team Ascension Martial Arts LLC, their agents, owners, officers, volunteers, participants, employees, sponsors, and other persons or entities acting in any capacity on their behalf, on the basis of any claim from which I have released him or her herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Participants Name (printed)_____

Parent Name (printed/if applicable) _____

X_____ ___ _____

Signature of Parent or Guardian/ Participant (Over the age of 18) Date

Parent - Provider Transportation Agreement

Team Ascension Martial Arts JUST ASK+ Program

I, _____ , give permission for my child care provider, or any approved
(Name of Parent)

employee of the above program, to transport my child(ren) _____
(Name(s) of child(ren))

for the following reasons (check all that apply):

_____	Field trips
_____	Shopping
_____	Play dates
_____	Excursions to the park
_____	Emergency purposes
_____	Any reason deemed necessary by the program

It is agreed that:

1. The caregiver will never leave my child(ren) unattended in any motor vehicle or other form of transportation.
2. Each child will board or leave a vehicle from the curb side of the street.
3. My child(ren) will be secured in safety seats or by safety belts as appropriate for the age of the child(ren) in accordance with the law.
4. Any motor vehicle used to transport my child(ren) will have current registration and inspection stickers, and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.
5. I consent to allow Team Ascension Martial Arts JUST ASK+ Program to transport my child(ren) as needed for the Travel Camp and daily field trip activities.

_____ _____

(Parent or Guardian) (Date)

_____ _____

(Provider/Director) (Date)

Dispense Medication Waiver / Release of All Claims

Only fill out if we need to dispense medication

***This includes sunscreen! If you wish for us to put sunscreen on your child, sign below. You are responsible for providing all sunscreen, epi-pens, etc. for your child.*

Team Ascension Martial Arts LLC will not dispense medication to a minor child or other participants until Permission to Dispense Medication Waiver, Release of All Claims form and Instructions for Dispensing Medication form have been completed by a parent or guardian.

Permission to Dispense Medication Waiver / Release of All Claims

I, (please print your name)_____, the Parent/Guardian of (please print name of child attending), _____ give permission to the Team Ascension Martial Arts LLC program staff to administer to my child the medication(s) listed below. I understand that it is my responsibility to give the medication directly to Team Ascension Martial Arts LLC instructor with full instructions in its original prescription bottles. In all cases, medication dispensing can only be changed or modified by completing another Permission to Dispense Medication waiver / Release of All Claims form and Instructions for Dispensing Medication form. I hereby acknowledge that the above information for the dispensing of medication for my minor child, ward, or other family member is accurate. I also understand that it is my responsibility to inform Team Ascension Martial Arts LLC of any changes in the dispensing of medication.

If after administering medication there is an adverse reaction, I give permission to Team Ascension Martial Arts LLC staff to secure from any licensed hospital physician and/or medical personnel and treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer medication, failing to observe side effects, failing to access and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of Team Ascension Martial Arts LLC administering medication to my minor child, I do hereby fully release or discharge Team Ascension Martial Arts LLC and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child have (or accrue to me or my minor child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

X_____

Signature of Parent or Guardian Date

Instructions for Dispensing Medication

THIS FORM MUST BE COMPLETED FOR EACH SESSION OR WHEN MEDICINE CHANGES

Name of Program_____

Name of Participant_____Age _____

Address_____

Name of Parent/ Guardian_____

Daytime Phone_____ **Other Phone**_____

Name of Doctor_____ **Phone**_____

Name of Medication _____

Dose_____ Time_____

Dispensing and Storage Instructions_____

_____

Possible Side Effects_____

Name of Medication _____

Dose_____ Time_____

Dispensing and Storage Instructions_____

_____

Possible Side Effects_____

Name of Medication _____

Dose_____ Time_____

Dispensing and Storage Instructions_____

_____

Possible Side Effects_____

Other Consideration (nervousness, change in temperament, etc.)_____

_____

I understand that it is my responsibility to give the medication directly to Team Ascension Martial Arts LLC staff with full instructions in original prescription bottles. In all cases, medication dispensing can only be changed or modified by completing another, Permission to Dispense Medication Waiver and Release of All Claims form and Instructions for Dispensing Medication form. I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, ward, or family member is accurate. I also understand that it is my responsibility to inform Team Ascension Martial Arts LLC staff of any changes in the dispensing of medication.

X_____

Signature of Parent or Guardian Date

CREDIT CARD / ACH AUTHORIZATION

You authorize a single (1) **or** regularly scheduled charge to your credit card or bank account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card or bank statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least ten (10) days prior to the payment being collected.

I, _____(Customer), authorize

TEAM ASCENSION MARTIAL ARTS to charge my

☐ - Credit Card | ☐ - Bank Account amount for _____ on the following basis: (check one)

☐ - ONE-TIME (Single Transaction)

☐ - RECURRING on the _____ day of each: ☐ - Week | ☐ - Month | ☐ - Year

This payment is for the following: _____.

BILLING INFORMATION

Billing Address: _____

Phone #: _____ Email: _____

PAYMENT INFORMATION (Check One)

☐ - CREDIT CARD

Card Type: ☐ Mastercard | ☐ VISA | ☐ Discover | ☐ AMEX | ☐ Other _____

Card Number (#): _____

Expiration: _____ (mm/yy) CVV: _____ Cardholder ZIP: _____

☐ - BANK (ACH)

Account Type: ☐ Checking | ☐ Savings

Name on Acct: _____ Bank Name: _____

Routing #: _____ Account #: _____

CUSTOMER SIGNATURE: _____ Date: _____

Printed Name: _____