



MARK PINNER

**KARATE**  
Clubs

# AFTER-SCHOOL REGISTRATION FORM

5484 Land O' Lakes Blvd. \* Land O' Lakes, FL 34639 \* (813) 989-2692 \* mpkcstaff@verizon.net

## STUDENT INFORMATION

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Gender: \_\_\_ Male \_\_\_ Female

## MEDICAL ISSUES / PHYSICAL LIMITATIONS / INJURY / ILLNESS

\_\_\_\_\_ Yes OR \_\_\_\_\_ No (If "Yes" please describe: \_\_\_\_\_)

## FOOD ALLERGIES / DIETARY RESTRICTIONS

\_\_\_\_\_ Yes OR \_\_\_\_\_ No (If "Yes" please describe: \_\_\_\_\_)

## AUTHORIZATION OF TRANSPORTATION

I hereby authorize Mark Pinner Karate Clubs to transport my child from school, on field trips and / or to medical facilities including urgent care and hospitals, and other locations as deemed reasonable by MPKC.

\* My child may be seated in the front passenger seat of the MPKC van if needed at the time of transportation \_\_\_\_\_ Yes OR \_\_\_\_\_ No

\* My child will need a booster seat: \_\_\_\_\_ Yes OR \_\_\_\_\_ No (If yes you will need to drop off at MPKC before Start Date below)

## PROGRAM

Select One:

\_\_\_\_\_ 1) Weekly: 5 Days (Monday - Friday) \$100.00 Per Week

\_\_\_\_\_ 2) Bi-Weekly: 2 Days \$50.00 Per Week Select Two Days: \_\_\_Monday \_\_\_Tuesday \_\_\_Wednesday \_\_\_Thursday \_\_\_Friday

\_\_\_\_\_ 3) Tri-Weekly: 3 Days \$75.00 Per Week Select Three Days: \_\_\_Monday \_\_\_Tuesday \_\_\_Wednesday \_\_\_Thursday \_\_\_Friday

Note that during Tournament Season from January - May we will be closed 1 Friday per month for travel.

On those days parents must make alternate pick-up arrangements for their child.

Start Date / 1st Pick-Up : \_\_\_/\_\_\_/\_\_\_ Day: \_\_\_\_\_

## PAYMENT:

1st Week Tuition: \$ \_\_\_\_\_ + \$75.00 Registration + \$40.00 Uniform / Patch = \$ \_\_\_\_\_ Total Due

3 Ways to Pay: Online: <https://www.paypal.com/paypalme/markpinnerkarate> \* Zelle: (813) 989-2692 \* Cash / Check payable to "MPKC"

## PARENT / GUARDIAN CONTACT INFORMATION

Parent Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email: \_\_\_\_\_

## PARENT / GUARDIAN SIGNATURE

The above information is complete and correct. I have also read, understand and agree to comply with the following:

- \* After-School Program Policies
- \* Liability Waiver / Release (Signed Copy Required)
- \* Rules & Etiquette

**PARENT / GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE SIGNED:** \_\_\_/\_\_\_/\_\_\_

**PRINTED NAME OF PARENT / GUARDIAN:** \_\_\_\_\_

**TO BE COMPLETED BY MPKC:**  Payment & Date Received: \_\_\_/\_\_\_/\_\_\_ Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Signed Waiver (Date Received: \_\_\_/\_\_\_/\_\_\_)  Belt Color / Rank: \_\_\_\_\_

Uniform: Size: \_\_\_\_\_ (Date Received: \_\_\_/\_\_\_/\_\_\_)  Bin Assigned (Date Completed: \_\_\_/\_\_\_/\_\_\_)

Booster Seat: \_\_\_ Yes (Date Received: \_\_\_/\_\_\_/\_\_\_) OR \_\_\_ No  Data Entry (Date Completed: \_\_\_/\_\_\_/\_\_\_)