



2025-2026 AFTER-SCHOOL REGISTRATION FORM

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

STUDENT INFORMATION

Student Name: _____ Date of Birth: ____/____/____ Age: ____ Gender: ____Male ____Female

School: _____ Grade: ____ Teacher Name: _____

MEDICAL ISSUES / PHYSICAL LIMITATIONS / INJURY / ILLNESS

____No OR ____Yes (If "Yes" please describe: _____)

FOOD ALLERGIES / DIETARY RESTRICTIONS

____No OR ____Yes (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 ____No OR ____Yes
- My child will need a booster seat: ____No OR ____Yes (If yes you will need to drop off at MPKC before Start Date below)

PROGRAMS INCLUDE

- Transportation from your child's school to MPKC * Snack * Karate Class from 5:00 PM - 5:45 PM
- Parents then pick-up at MPKC from 5:45 PM - 6:00 PM
 - * Pick-up after 6:00 PM will result in a \$25.00 additional Late Fee
 - * If an earlier pick-up time is needed, please notify us by text (813) 989-2692 so that we will know to have your child ready

Programs (Select one below) OR ____1 Free Trial Day (NEW STUDENTS ONLY): Requested Trial Date: ____/____/____

____ 1) \$100.00 Weekly: 4 Days Monday - Thursday (No Friday)

____ 2) \$50.00 Bi-Weekly: (Select Two): ____Monday ____Tuesday ____Wednesday ____Thursday (No Friday)

____ 3) \$75.00 Tri-Weekly: (Select Three): ____Monday ____Tuesday ____Wednesday ____Thursday (No Friday)

Start Date / 1st Pick-Up : ____/____/____

VERY IMPORTANT: Please notify your school that we are authorized to pick-up your child on the days indicated above!

PAYMENT

1st Week Tuition: \$_____ (See above) + \$75.00 Registration + \$40.00 Uniform / Patch = \$_____ Total Due

3 Ways to Pay: Online: [Paypal](#) * Zelle: (813) 989-2692 * Cash / Check payable to "MPKC"

- On-Time Payments must be received by 12:00 PM / Noon on the Monday of that week for that week's tuition
 - * Note that Late Payments will incur an additional \$25.00 Late Fee
- If your child is scheduled for pick-up and will be absent that day due to illness etc.:
 - * You MUST notify us by text at (813) 989-2592 ASAP at least 1 hour BEFORE school dismissal on the day of absence to prevent unnecessary trips. (If we actually drive to the school to find that your child is absent you will owe a \$25.00 Inconvenience Fee)
 - * Note that no credits, discounts or refunds will be issued for student absences in the weekly tuition amount

PARENT/GUARDIAN CONTACT INFORMATION

Parent Name: _____ Cell#: _____

Email: _____

TO ENROLL:

- Complete the 2025-2026 MPKC ASK Enrollment Packet (Pages 1. Registration Form & 2. Program Policies)
- Scan and return BOTH Pages by **Email to mpkcstaff@verizon.net** OR by **Text to (813) 989-2692**
- Once received, we will review and reply within 24 hours



2025-2026 AFTER-SCHOOL PROGRAM POLICIES

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

COMMUNICATION

Our primary method of communication with parents will be by text from (813) 989-2692 or by email at mpkcstaff@verizon.net. For calls, please leave a message. Messages are usually returned by 12:00 PM / Noon the following business day.

Please check the [MPKC Website](#) for current information, including weather closure updates, announcements and other notifications.

PASCO COUNTY SCHOOLS CALENDAR / EARLY RELEASE DAYS / NO SCHOOL DAYS / HOLIDAYS

- Note that MPKC strictly follows the Pasco County Schools Calendar and we coordinate our schedule around those days. See [Pasco County Schools Calendar](#)
- If the Pasco County Schools Calendar changes we may not receive notification. Therefore it is the sole responsibility of the Parent / Guardian to coordinate with us weekly to ensure that we have the most current information for their child's school.
- Land O'Lakes Christian School and Dayspring Academy Angeline do not use the Pasco County Schools Calendar. Therefore it is the sole responsibility of the Parent / Guardian to make alternate arrangements for their child on days that conflict with Pasco County, including Holidays, No-School Days & Early Release Days (ERDs).
- Early Release Days (ERDs) for Pasco County Schools are accommodated at no additional charge if the ERD falls on your child's normally scheduled Karate Day. If not scheduled, parents can add this day for an additional \$25.00.
- In the event of an unscheduled early dismissal or other school closure due to inclement weather etc., MPKC reserves the right to also close and cancel pick-ups. Note that under these unique conditions Parents will be responsible to pick up their child from school and no credits, discounts or refunds will be issued.

HOMEWORK

After snack, students may opt to quietly remain seated and begin their homework assignments before Karate Class begins. Note that we do not provide tutoring or assistance.

CANCELLATIONS

Cancellations will require a 2 week written notice delivered in person to MPKC or by email to mpkcstaff@verizon.net.

WAIVER / RELEASE FOR FREE TRIAL (PLEASE READ & INITIAL WHERE INDICATED)

___ I recognize the physical nature and possible risks and dangers of injury common to the practice of martial arts, which may include cuts and bruises, strained muscles or joints, broken bones, torn ligaments and other bodily injuries including disabilities, partial and/or total paralysis and death. I fully understand that the social and economic losses and/or damages which could result from these risks and dangers could be severe.

___ I believe my child to be in good health and have no knowledge of any physical condition, injury or illness that would place my child at risk to participate in martial arts training, after-school or camp activities.

___ I understand that I am welcome to observe any class in order to determine if the class environment is safe and acceptable for my child and that the curriculum and lesson content meets my expectations.

___ I am aware that MPKC is a Christian based martial arts club and Students/Parents/Guests will be exposed to, though not required to adopt, many Christian values including prayer before class and memorizing scriptures for testing.

___ Additionally, in light of Corona Virus (COVID-19), I further acknowledge that due to the facility limitations and the nature of martial arts activities, the use of face masks and maintaining social distancing of 6' between the students and staff is not possible. I also understand that participation in this program may have the potential risk of exposure to COVID-19 and/or any other illness or virus.

Therefore, I hereby waive, release, discharge and covenant not to sue Mark Pinner Karate Clubs / MPKC, and any Officers, Instructors, Employees, Agents and Assigns, including other Students, from any and all claims of liability, including all risks, dangers, losses, damages, exposure to COVID-19 virus and / or any other illness, all accidents and / or injuries, however caused, including negligence.

PARENT / GUARDIAN SIGNATURE

The information submitted on Pages 1 & 2 is complete and correct and I agree to fully comply with all fees and procedures as specified therein. I have also reviewed the [2025-2026 MPKC ASK Rules & Etiquette](#) which outline the expected behaviors required for my child in order to attend MPKC.

PARENT / GUARDIAN SIGNATURE: _____ **DATE SIGNED:** ____/____/____

PRINTED NAME OF PARENT / GUARDIAN: _____