



Introduction to Karate New Student Form



Participant Information

Full Name: _____ Gender: _____

Birth Date: _____ Age: _____ Height: _____ (for determining uniform size)

Parent/Guardian Name: _____

Phone #: _____ Email: _____

Address: _____

Class Selection & Payment Information

Introduction to Karate: White Belt Class (\$65 – M/W 5:30pm-6:00pm)

Advanced-Yellow Belt: Yellow Belt Class (\$85 – M/W 6:10pm-7:00pm)

Advanced I-III: Green and Higher Belt Classes (\$85 – T/Th 5:30pm-6:20pm OR 6:30PM-7:20pm)

*Sensei will communicate which class time is appropriate for advanced students

Late Fee: \$10 will be applied the 1st day a new session starts.

How did you hear about us?

Social Media Radio News Paper Flyer/Print Material TV A Friend/Word of Mouth Billboard Other

Medical Information & Waivers: Please list clearly any medical conditions or medications taken that would affect participant's involvement in this program:

GENERAL WAIVER, COVID-19 ACKNOWLEDGMENT & PHOTO POLICY

In consideration of the execution of a similar contract by all persons participating in this program/league, I hereby I agree to abide by all rules, uphold the principles of sportsmanship and fair play, and abide by the County Code of Conduct. I further agree that the medical information given above is correct. The undersigned do hereby expressly stipulate and agree to indemnify and hold forever harmless Wicomico County and the Wicomico County Department of Recreation, Parks and Tourism, its agents, officers and employees, against loss from any and all claims, demands, or actions in law or equity that may hereafter at any time be made or brought by the participant listed above, or by anyone on behalf of said participant for the purpose of enforcing a claim for damages on account of any injuries received or sustained by the participant arising out of his participation in the program. In signing this Release and Hold Harmless Agreement, each of the undersigned hereby acknowledges and represents that they are aware of the risks and hazards inherent in participating in the program including exposure to the potential risk of concussion. No insurance covering accident or injury has been provided for participants. Arrangements for any such insurance would have to be made individually by the undersigned, and at no time will my participation in a program be contingent on divulging any confidential medical information. Covid-19 Acknowledgment: Participants and spectators are recommended to self-screen prior to arriving on site at any program, event or activity in accordance with CDC guidelines. Screening upon arrival on site will be required. If you fail to agree to screening, you are not allowed to participate or attend.

Wicomico County, Maryland may photograph or record your child during programs and activities. You understand and agree that these materials become the sole property of Wicomico County, Maryland. You hereby irrevocably authorize Wicomico County, Maryland to use your child's likeness in photographs, video images, or other digital reproductions (collectively the "likenesses") for educational, informational, public relations, or other lawful purposes, including but not limited to within its publications, website, social media and print content, and further authorize Wicomico County, Maryland to edit, alter, copy, exhibit, publish or distribute the likenesses. In addition, you irrevocably waive your right to inspect or approve the finished product, including written or electronic copies, wherein your child's likeness appears. On behalf of the child named below, you waive the right to royalties, other compensation, or other considerations arising from or related to the use of the likenesses. You hereby hold harmless and release and forever discharge Wicomico County, Maryland from all claims, damages, demands, and causes of action which you, your child, or either of your heirs, representatives, executors, administrators or other persons acting on your behalf or on behalf of your estate, have or may have by reason of such likenesses. You hereby acknowledge that the program will be utilizing a third-party video conferencing company (Zoom Video Communications) to facilitate class virtually. You must agree to the third party's terms of service in order to participate in the program. This company in no way acts upon or reflects Wicomico County. By signing below, I represent that I am the lawful parent or guardian of the child named below, have authority to execute this agreement on the child's behalf, and I understand and agree to the terms and conditions outlined in the paragraphs above.

Parent/Guardian Signature

Date