

SOUTH FULTON STUDIOS Performing Arts School

29 W. Broad St. Fairburn GA 30213

404-983-2684 www.southfultonstudios.com

KARATE Summer Camp

2017 Application

Student # _____ Street Shoe Size _____ T-Shirt Size _____ Karate Uniform \$40.00

Student Last Name: _____ First: _____ Middle: _____

Mailing Address: _____

Phone: _____ Date of Birth: _____ Age: _____

Academic School: _____ Grade: _____

Allergy : _____ Medicine: _____

Previous KARATE Training: YES/NO If yes, please fill out the following:

Discipline	Level	Number of Years

Person to Notify in case of emergency: Name _____ Phone: _____

Person to Notify in case of emergency: Name _____ Phone: _____

Mother's Name: _____ Home Phone: _____

Employer: _____ Phone: _____

Email Address: _____ Cell Phone _____

Father's Name: _____ Home Phone: _____

Employer: _____ Phone: _____

Email Address: _____ Cell Phone _____

I hereby agree to all rules and regulations of South Fulton Studios Performing Arts School. I understand there are physical risk involved in participating in any Karate class and accept full responsibility of any injury that may occur as a result thereof. I also understand that tuition is due every Monday before 6:00pm. If paid after the fifth business day of the month, a \$15.00 late charge will be added to the enrolled student's monthly tuition.

Signed: _____ Date: _____

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STUDENT MEDICAL RELEASE FORM

STUDENT'S NAME: _____

STUDIO: South Fulton Studios Performing Arts School

I certify that _____ is physically capable and able to fulfill requirements to be an active participant of the dance/karate curriculum of South Fulton Studios Performing Arts School. I understand this form legally releases all obligations and responsibilities for medical treatment of student, in case of illness or injury during any dance related activity when either parent or emergency contact can not be reached. If there is any physical or medical reason why she or he should not participate fully, South Fulton Studios Performing Arts School requires a doctor's release. Furthermore, South Fulton Studios and its staff are not liable for any injury during classes, rehearsals, performances, or any other event affiliated with South Fulton Studios Performing Arts School.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

South Fulton Studios Performing Arts School

Payment Agreement

This letter shall serve as an official agreement between _____ (Payor) on behalf of _____ (Student) and South Fulton Studios Performing Arts School (Business Entity). This agreement is effective from _____ through _____. This agreement holds Payor accountable and fully responsible for the following:

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Summer Karate

Tuition is due every Monday of each week. We accept Cash, U.S. Postal, DEBIT cards, VISA/MasterCard, and money orders as payment. No personal checks will be accepted in order to keep operational cost down. An application with required documentation along with tuition fees must be summated prior to attending South Fulton Studios LLC. This will assist us in having the required ratio of adult with students.

The total fee for your child (name) _____ is

\$_____ per week until further notice. The acceptable form of payment is Cash, U.S. Postal, DEBIT cards, VISA/MasterCard, and money order. For Automatic Draft please sign and print email. Email: _____ Signature: _____

Payments received after payment is due each week will have a late fee of \$15.00 per week will be added. Field trips are to be additional unless stated on permission slip.

SFS Performing Arts Team/Summer Boot Camp/Elite Team/KARATE is in session from _____ until _____ Monday thru Friday. Unless stated below:

If student is not present at center due to illness or family emergency tuition is charged for 50% of the agreed upon, unless your child will not be able to return to the studio. At this time a two week notice is required upon discharge. If your child is present 2 days in a given week or more, full tuition will be charged. If your child is present 1 day in a given week or less, 50% tuition will be charged.

SFS will not be open during the times specified on studio calendar. Please make additional arrangements as per studios calendar. SFS has the right to change it's operation calendar.

I have agreed to the above as written and will adhere to all parts as agreed upon. I understand I am legally obligated to pay any outstanding fees to South Fulton Studios. Any future changes must be written and will only then amend this agreement as per all parties that have signed the original agreement.

****Once an invoice is two weeks past due, there will be an immediate termination of service and the total amount due will be passed on to the collection agency: USA CREDIT RECOVERY 1-877-661-7047**

*****Debt collection's 30% collection fee will be paid for by debtor.**

Parent/Guardian Signature _____ Date _____
Parent/Guardian Signature _____ Date _____
Artistic Director Signature _____ Date _____

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CHILD ACTIVITY WAIVER

Student Name: _____ Birthday _____ Age _____

Male/ Female _____ Home Phone _____ School _____

Address _____ City _____ Zip _____

Email _____

Mother _____ Cell _____ Work _____

Father _____ Cell _____ Work _____

Person to contact if parent not available:

Name _____ Relationship _____ Phone _____

Family Dr _____ Dr # _____

Medical Insurance Co _____ Policy # _____

Please Note South Fulton Studios Policies (Please Initial before each line.)

_____ It is the parent/garden's responsibility to see that his/her child is picked up immediately after class.

_____ You must register your child each session in order to guarantee your child's spot in class.

_____ No jewelry to worn during class, especially hoop earrings and necklaces. Long hair must be pulled back in a pony tail.

_____ Classes with five or less children after the first week will be closed. You will be notified when registration is higher for reopening of class.

_____ Our emphasis and energies are ALWAYS on safety first, but please remember that dance, gymnastics, cheerleading, and karate are potentially dangerous sports. Any activity involving motion, rotation, or height creates the possibility of serious accidental injury.

_____ Because your child's safety is important to us, it is imperative that you be on time to class. The first 10-15 min of class are warm-ups. If your child is 10 minutes late (or more), they will not be allowed to participate. Your tuition pays for your child's spot in class. Because of this, payment is to paid even if child is absent from class. We will allow one make up class per session.

_____ SFS always offers a free trial class to make sure you & your child are as excited about our program as we hope they will be. Once your child register and fills a spot in class, no refunds will be given, with the exception of moving or a medical or family emergency. All refunds must have the approval of the owners.

_____ With your permission your child may be photographed, videotaped, or interviewed for stories/articles promoting SFS. These stories/articles may appear in newspapers or on television news shows.

_____ By initialing above & below, I understand these important Policies of South Fulton Studios and agree to abide by them. Initials _____

I certify that my child, _____ has had a physical exam in the past year / / _____ and is in good physical health. I have been informed that South Fulton Studios does not carry a supplemental insurance policy and that it is my responsibility to carry adequate health insurance and pay any additional medical fees not covered by my health insurance. Any activity involving motion or height creates the possibility of a serious injury. I agree that South Fulton Studios may approve transport in case of an emergency.

Parent Signature: _____ Date: _____

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Transportation Agreement

This is to certify that I give South Fulton Studios

Name of Facility

Permission to transport my child _____

Name of Child

from South Fulton Studios at _____
_____ (am/pm)

To: Trip Location Listed at Time Listed (am/pm).
Delivery Location

My child will be transported from Trip Location Listed to _____ (am/pm) time listed

_____ South Fulton Studios _____ (am/pm)

Return Location on the

following days:

- _____ Monday
- _____ Tuesday
- _____ Wednesday
- _____ Thursday
- _____ Friday

_____ is authorized to receive my child. In the event the authorized
Name of Authorized Person

person is not present to receive my child, the following procedures are to be followed:

In the event that my child is not to be transported as outlined above, I agree to notify the
South Fulton Studios

Facility

Signature(Parent/Guardian) _____ Date _____

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Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses South Fulton Medical Center

Address 1170 Cleveland Ave Atlanta, GA 30344 404-466-1170

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if South Fulton Studios

Name of Facility

cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature(Parent/Guardian) _____

Witness By _____ Date _____

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Mission The South Fulton Studios Performing Arts School fosters the enjoyment, understanding, and development of the performing arts in South Fulton area through diverse and engaging artistic experiences.

Vision The South Fulton Studios Performing Arts School is a premier home for diverse performing arts programming and education, collaborating with artists, organizations, schools and the community to encourage the creation, appreciation, and understanding of the arts. We seek to nurture a vibrant arts community, foster artistic excellence, and bring people together for powerful shared experiences that inspire a creative exchange of ideas.

Beliefs/Values The arts touch people's lives in profound ways: in their understanding of themselves, their connection to local and world communities and cultures, and in their understanding of their own creativity. The arts provide these qualities to the greater public for the social and economic benefits that the shared performance experience provides. The South Fulton Studios belief in these sustaining principles manifests in the following forms:

- Providing quality, diverse opportunities for shared artistic experiences for all, inspiring participation in the creation, understanding, and appreciation of the arts.
- Fostering artistic development of established, emerging, and aspiring regional, national, and international artists.
- Collaborating with artists and arts organizations, community partners, and businesses in pursuit of mutual goals and richer cultural experiences.
- Appreciating the value of our audiences, the talent of our artists, the generosity of our funders, the dedication of our staff, board, and volunteers, and the integrity of our communities.
- Creating a dynamic learning organization.
- Responding to demographic shifts in our community.
- Embracing an internal staff culture that values innovation and cooperation, utilizes talent and skills, and provides opportunities for growth and learning.
- Providing excellent customer service with a constant focus on patron/participant experience at every contact point.
- Staying current with technological advances.
- Preserving our historic facilities within an environmentally responsible framework whenever possible.
- Maintaining prudent financial planning and management to secure future viability and sustainability