

EXPECTATION and AUTHORIZATION

Name(s) of Student(s):

1) _____ 2) _____ (3) _____

Expectations of Students

- ♥ Must participate in classes daily including coming prepared with uniforms and all required gear
- ♥ Respectful to staff, instructors, teachers, and peers at the academy, and follow staff and instructors directions immediately
- ♥ Free of all potty training accidents
- ♥ Change in/out of uniform without assistance
- ♥ Gather belongings without help
- ♥ No electronics. (cell phones, iPads, laptops, etc. must be turned off and left in cubby upon entrance until parental supervision is available)

Behavior Not Tolerated

- ♥ Profanity, offensive, derogatory language, or lying
- ♥ Physical aggression, assault, threatening or intimidating language/conduct towards self or others
- ♥ Sexual harassment, offensive jokes, name calling, slurs, rumors, or negative stereotypes
- ♥ Theft or property damage

Expectations of Parents/Guests

- ♥ Retain current accounts. Failure to remain current could immediately suspend your child/ren from participation in program or taekwondo lessons and may be grounds for termination.
- ♥ Parents/guests will remain in designated child pick-up lobby area.
- ♥ Provide a car seat for child/ren according to state regulations. (For afterschool program, only)
- ♥ See class schedule for release times which can be found at www.southaustintkd.com.
- ♥ Sign-out your child and pick-up from within the program's designated times or by 6:00pm.
- ♥ I give TaeKwonDo Plus permission to photograph and video tape my child/ren. I understand photographs and videos may be published and used in marketing, advertising, or social media campaigns.

List two (2) people other than yourself to contact in the event of an emergency who can assume responsibility of your child in your absence.

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

I authorize the following additional people to pick up my child from South Austin TaeKwonDo Plus.

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

I, _____, (printed name of parent/guardian), agree to uphold all the policies outlined above. I understand that should I, my child, my family members, or my guests fail to abide by any of these policies, may result in immediate removal of my child from the program, voiding reimbursements and/or deposits. Furthermore, I am responsible to pay for any damages caused by my child to the TaeKwonDo Plus facility or property and the property of other students. South Austin TaeKwonDo Plus reserves the right to refuse services at any time.

Parent/Guardian Signature

Date