



Mars Academy



PARENT and CHILD ACKNOWLEDGMENT of RULES and REGULATIONS

I hereby acknowledge receipt of Mars Academy’s Program Rules and Regulations and policies. I further attest that I have reviewed the Discipline Procedures and Policies with my child(ren) and by my signature below agree to abide by these rules and regulations.

I agree to the following terms and conditions:

To the best of my knowledge the child(ren) that I have registered for After School, Tae Kwon Do or Summer Camp is free from contagious disease, is able to participate fully in the Mars Academy Programs, and is fully immunized and not otherwise exempt from immunizations. In case of a medical emergency and the event that the parent/guardian cannot be immediately contacted, I hereby grant my permission for emergency treatment to be administered to my child.

I hereby release Mars Academy, its Officers, Board of Directors, administrators, employees and agents Mars Academy from all liability for any claims, demands, injuries, damages, or actions whatsoever to the participant's person or property, resulting from After School, Tae Kwon Do or Summer Camp participation, including any act of active or passive negligence on the part of Mars Academy, its employees or agents. I agree to assume liability for any expenses incurred in such an emergency, including, but not limited to, transportation, hospitalization, x-rays, etc. I also give permission for Mars Academy to use any photos taken during the camp in which myself or my child may appear. Mars Academy is hereby given permission to use these photos in print (on advertisements or marketing materials) and/or on the Mars Academy website.

Child’s Name(1)

Child’s Name(2)

Child’s Name(3)

Signature of Parent or Guardian

MARS ACADEMY

3521 FORT MEADE ROAD, LAUREL, MARYLAND 20724

PHONE: 240-391-6421



Mars Academy



Authorization Letter to Pickup – Ride Form

To the office of: _____ (School's Name)

I (We) hereby grant permission for:

STUDENT (1) NAME: _____ GRADE: _____ AGE: _____

STUDENT (2) NAME: _____ GRADE: _____ AGE: _____

STUDENT (3) NAME: _____ GRADE: _____ AGE: _____

To be transported to Mars Academy's After School Taekwondo program located:

MARS Academy: 3521 Fort Meade Road, Laurel, Maryland 20724

Student will be traveling in the following manner:

School Bus

Private Passenger Vehicle

Commercial Transportation

Other _____

Students will be transported from their respective schools at a specific time. Therefore, it is imperative that each student be ready to board the transport van at the prescribed time. Drivers cannot be held accountable for students who are not at their pick-up point at their designated time. Our pickup schedule has been carefully planned to handle student pick-ups in a timely sequential fashion. Drivers will use careful discretion and attempt to be reasonable in grace periods for waiting. However, your child is to be pick-up at dismissal have them there at that time. Students will be required as by law, to wear their seatbelts at all times while being transported. Any student, who violates this policy continuously, will be excused from our program. Students cannot bring bikes or other recreational hardware on to the transportation van. There is no room for these types of articles. And NO EATING. These rules are designed with safety of the students as the number one priority.

Date _____

Signature of Parent / Guardian

Cell Phone

Work Phone

Alternate Emergency Contact

Cell Phone

Work Phone

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Authorization Letter to Pick up - Friends/Family

The following primary parent(s) or person(s) are authorized to drop off and/or pick-up:

STUDENT (1) NAME: _____

STUDENT (2) NAME: _____

STUDENT (3) NAME: _____

Your child(ren) will not be released to anyone other than the person(s) whose name appears above or listed below. Alternate persons who can Pick-Up my child(ren) in an emergency situation are listed below:

(1) Name _____ Telephone Number _____

(2) Name _____ Telephone Number _____

(3) Name _____ Telephone Number _____

(4) Name _____ Telephone Number _____

I understand and agree that the people listed above must give the front office proper identification at the time the child is being picked up.

Signature of Custodial Parent / Legal Guardian

Date

Print Name



Mars Academy



Release for Emergency Care

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child

In the event of an emergency at which time I cannot be reached, I give consent to transport by ambulance if situation warrants it.

Family Physician's Name / Health Care Resource _____

Telephone Number _____

Allergies _____

Date of last SPT or Tetanus _____

Insurance Company Covering Child _____

Policy Number _____

Group Number _____

Signature of Custodial Parent / Legal Guardian _____

Date _____

Print Name _____

Home Number _____

Work Number _____

Cell Number _____

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