2025-2026 AFTER SCHOOL PROGRAM PACKET

Xtreme League Martial Arts

26251 S. Tamiami Trail Ste 18

Bonita Springs, FL 34134

239-877-3738

****After School begins at time of pick up and ends at 6pm****

Later pick-up is available for an additional cost.

Date: _____

Name of Parent/Guardian: _____

Email: _____

Address: _____ Apt: _____ City: _____ _____

State: _____ Zip Code: _____ Phone: _____ _____

Student (Child) Members:

_____ (M/F) DOB: _____/_____/_____ Age: _ _____

_____ (M/F) DOB: _____/_____/_____ Age: _ _____

_____ (M/F) DOB: _____/_____/_____ Age: _ _____

XLMA After School Guidelines:

Our program is a place where your child will learn Martial Arts and stay fit! The element of our program is teaching the principles of a Black Belt: **Integrity*, Honor, Perseverance, Discipline, Respect and Self Control.***

While helping to build character, we educate them with Self Defense through Martial Arts.

After our students earn their Yellow Belt, we strongly advise you to purchase sparring gear. This can be purchased through our school. In the sparring class they can apply the Taekwondo techniques they have learned during the weekly classes and discover how fun and exciting the sport of Taekwondo is.

Some people do not know that Taekwondo is part of the Olympic Games. Keep in mind during belts for colored belts (yellow and up), sparring is mandatory and is part of the requirements. So, to be able to pass the testing they MUST know how to fight.

The following are just friendly reminders of how our program works:

- **There are NO REFUNDS. Tuition is due regardless of the number of attendance days.**
- **We offer supervised homework assistance.**
- **We strongly advise sending an extra snack, please include plasticware if needed.**
- **In case your child is sick or absent, or he/she gets picked up early please let us know ASAP (call or text Ondra @ 239-877-3738) so we are not worried looking for your child and we will not be late picking up other schools. *In case we are not informed, a $10 fee will be charged to your account. NO exceptions.***
- **If someone else (not a parent on the approved list) is picking up your child from XLMA please let us know and that person must show proper ID.**
- ***For every 10 minutes that a parent is past 6pm there will be a $5 fee.***

By signing this, I agree that I have read the above guidelines.

_____

_____

Signature of Parent or Legal Guardian Date

Course description

The undersigned individual (the Member) hereby indicates their desire to become a member of Xtreme League Martial Arts (XLMA), pursuant to the terms and conditions of this membership agreement. We offer 2 payment options, a weekly rate of $85.00 (first child, $75 additional children) charged every Monday or a monthly rate of $320 ($300 additional children) charged every 30 days. Please select your choice below.

Authorization Agreement

I, _____, (customer) authorize ***Xtreme League Martial Arts*** to charge my:

- ❑ credit card
- ❑ checking account

Customer name: _____

Billing address: _____ Zip code: _____

Please charge weekly _____

Please charge monthly _____

Bank Account Information - if charging a checking or savings account

Account Number: _____

Routing Number: _____

Credit Card Information - if charging a credit or debit card

Card number: _____ Expiration date (MM/YYYY): _____

Customer signature: _____ Date: _____

***X*treme League Martial Arts participates in a discount program which offers our customers that choose to pay by electronic check (ACH) an immediate discount on the 3.99% service charge, which is added to all sales.**

I understand that my information will be saved to file for future transactions on my account and authorization will remain in effect until I formally request cancellation.

Conditions:

1) A $99 registration fee (per household, not per child) will be charged to the provided payment on file upon receipt of this application. (Applicable to new students only).
2) The transaction on your bank statement will constitute receipt for payment on your account.
3) **A service charge of $25.00 will be applied to all insufficient drafts.**
4) Members will furnish new bank or cc/information should it change 10 days *PRIOR* to the date of the transaction per the agreement.
5) **CONSUMER RIGHT OF CANCELLATION: You may cancel this agreement by providing 30-day notice (you will be responsible for paying within these 30 days). Memberships can be paused for 1 month only per school year (4 weekly pauses per year). This is a ***full school year*** contract. If cancellation is made there will be a fee of $199 due at the time of cancellation. In addition to the 30-day notice that is mentioned above.
6) One uniform and belt are free with registration, additional uniforms must be purchased. If you cancel the agreement within the first 30 days you will be charged $85.00 for the uniform. Returning the uniform is not an option. (Does not apply for current students).
7) ***A late fee of $15 will be assessed to all payments past Tuesday. This includes returned/declined payments.***
8) ***Sibling Discounts are offered.***

AFTER SCHOOL PROGRAM EMERGENCY INFO

In the event of an illness, injury or whenever I cannot be reached, I wish one of the following to be contacted. They are authorized to act on my behalf in my absence and may pick my child up from XLMA, LLC.

Name: _____ Phone: _____
_____

Name: _____ Phone: _____
_____

Doctor's Name: _____Phone: _____
_____

If none of my emergency contacts or I can be reached, I wish my child to be taken to the emergency room and I know that I will be responsible for any extra costs. Likewise, I acknowledge that the XLMA representative/director/owner will not be responsible for any portion of the cost.

Yes_____ No_____

Please list any:
Allergies:_____
_____

Do these allergies require medical treatment or the application of medication by an XLMA representative?

**Yes _____ No_____

** I understand that if medication is to be distributed that it is with my consent and I will not hold XLMA, LLC responsible for anything that results due to said distribution.
Chronic Illness:_____
_____

_____ _____
_____
Signature of Parent of Legal Guardian Date

Acceptance:

The signed parties below hereby enter into this membership agreement with one another in acknowledgement and acceptance of the terms listed above.

Member: _____ Date: _____

XLMA designee: _____ Date: _____

Autorized people to pick up from *XLMA.*

_____

_____

School Closings and Early Release

When the schools are closed, we may offer a day/week camp for an additional cost. If school is in session and it is an early release day, we WILL be picking them up as usual for no additional fee.

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH XTREME LEAGUE MARTIAL ARTS AND TEAM XTREME, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.
I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.
I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby act for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: XTREME LEAGUE MARTIAL ARTS (XLMA) AND TEAM XTREME and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from all liabilities or claims made because of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that XLMA and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.
I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers.
I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.
I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.
The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

_____	_____	_____	_____
Participant's Signature (18 and older)	Date	Participant's Name	Age

_____	_____	_____	
Parent/Guardian Signature (If under 18 years old)	Date	Owner or Agent for Owner	Date