



INSPIRING MINDFUL MOVEMENT

Drop In Camp Registration

Date _____

Child's Name

(Last)

(First)

(Middle)

Address

(Street)

(City)

(Zip Code)

Age ____ Sex (circle one): Male Female Date of Birth _____ Grade (20/21) ____ School _____

Full Time or Drop In Please indicate if your child will be Full Time or Drop In (1-3 days a week). Space is limited for full time students! Children must be registered and added to the Drop-In list prior to attending the program. No Drop-In's allowed without a registration! There is a one-time \$45 Registration Fee for each child. Registration fee is due upon enrollment. Please contact us at sam@theobxstudio.com if you have any special need or would like to request financial assistance.

Full Time (\$175 Week M-F 8:15-5:30) Winter Break/Spring Break Drop In (\$48 per day, 1-3 days a week)

PLEASE LIST DESIRED DROP IN DAYS OR ANY ADDITIONAL INFO REGARDING YOUR CHILD'S ATTENDANCE

Family Info Child resides with _____

Father's Name _____ Home Phone/Cell _____

Mailing Address _____
(PO Box or Street if different from above) (City) (Zip Code)

E-mail Address _____

Employer _____ Business Phone _____

Mother's Name _____ Home Phone/Cell _____

Mailing Address _____
(PO Box or Street if different from above) (City)
(Zip Code)

E-mail Address _____

Employer _____ Business Phone _____

Emergency Contacts & Pick Up

Please list the names of individuals with whom your child may be released to and whom we will contact in case of an emergency. If someone other than the persons listed below will be picking up your child we must have a note via email or in writing from the parent.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

*Please notify us in writing of any custody issues or concerns regarding who can and cannot pick your child up from the program.

Child's Medical Info

Please check Yes or No to the following questions. If yes, please specify.

1. Does your child have any known allergies? Yes ___ No ___ **If yes, please specify** _____

2. Is your child on any medications? Yes ___ No ___ **If yes, please specify** _____

3. Is your child currently under a doctor's care? Yes ___ No ___ **If yes, please specify** _____

4. Any history of significant diseases or recurrent illness? Yes ___ No ___ **If yes, please specify** _____

5. Does the child have any special requirements, mentally or physically? Yes ___ No ___ **If yes, please specify** _____

6. Please describe any other relevant medical information _____

Emergency Medical Info

Name of Child's Doctor _____ Office Phone _____

Medical Insurance Co./Policy Number _____

Authorization for Emergency Medical Care

I permit Karma Kids After-School Program to utilize physicians, emergency responders, or a health care provider of its choice to provide

emergency care for my child, _____ in the event that neither I nor the child's doctor can be contacted.

(parent signature)

(Date)

Transportation Policy:

Children can be dropped off beginning at 2:30PM. Students whom attend Nags Head Elementary will be escorted by a Karma Kids staff member, across the street to The Studio via access of the school safety crossing guard (Steve Smalley) and Nags Head PD. In case of inclement weather, students will be transported by staff to The Studio.

Pick-up Tardiness Policy:

Operation hours are until 5:30 p.m. In the case of tardiness, I acknowledge by my signature below that I will be charged a late fee of \$15.00 per 15 minutes to begin at 5:31pm. I also acknowledge that my child may be dismissed from the program due to frequent tardiness.

Program Agreement:

I understand that my child will be physically active including participating in mindful movement exercises/yoga. I understand that this includes physical movements as well as an opportunity for relaxation and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. By signing, I affirm that a licensed physician has verified my child to be in good health and physical condition to participate in such a fitness program. In addition, I will make the instructor/teacher aware of any medical conditions or physical limitations my child may have before any activity. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against The Studio, Karma Kids Mindful After-School and its instructors. I have read and fully understand and agree to the above terms of this Liability Waiver Agreement, Medical Policies, Transportation Policies and Pick-Up Policies. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of North Carolina. State of North Carolina

PLEASE READ CAREFULLY. THIS DOCUMENT EFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING The Studio, Outer Banks LLC FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE Assumption of Risk

I, in my legal capacity as the parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of the Studio Outer Banks facilities,

services, equipment and premises ("Facilities") and any participation in The Studio, Outer Banks LLC. programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

By signing this agreement I agree that The Studio, Outer Banks LLC has a proper sanitation and disinfection plan in place and is not responsible for any accidental transmission of COVID-19 that could occur by being in their business or within close proximity of each other. By signing this agreement, I agree that if anyone in my home becomes symptomatic within 14 days of my visit, I will notify the business immediately. By signing this agreement, I acknowledge the contagious nature of Covid- 19 and voluntarily assume all risk that I may be exposed or infected by Covid-19 by participation and that such exposure may result in personal injury, illness and possible fatal conditions. By signing this agreement, I agree that I have been made aware of all camp health policies and procedures including mandatory masks while indoors and will practice the safe social distancing and clean hygiene during my participation at The Studio, Outer Banks.

(Printed Name of Parent/Guardian)

(Signature of Parent/Guardian)

(Date)

PLEASE EMAIL YOUR REGISTRATION TO
sam@theobxstudio.com
OR MAIL TO THE STUDIO PO BOX 7365 KDH, NC 27948