

Benefits of Kuk Sool:

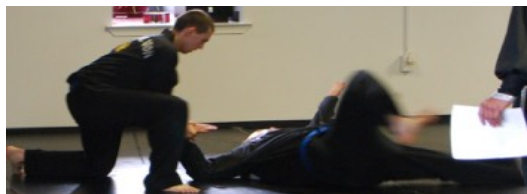
Self-Discipline - Students are taught to set goals and to stick to them while drawing upon their inner drive to succeed.

Self-Confidence – We help students reach new and progressively higher goals through their study of Martial Arts.

Self-Defense – We teach students to think rather than panic in potentially dangerous situations. Students will learn practical and effective self defense techniques.

Coordination - Develops students balance, agility, poise, dexterity, and improves overall fitness.

Fun - Offers something for everyone: Kuk Sool lessons are challenging and dynamic.



At Kuk Sool Won™, we teach traditional Martial Arts values, with an upbeat, enthusiastic, modern approach. Kuk Sool combines kicking, punching, throwing, falling, joint locking, pressure point, and weapons techniques into a beautiful and dynamic hard/soft style which focuses on Discipline and Respect.

Pick Ups

We will pick up your child from their school at the time of dismissal. Please be sure to put this time on the application.

Program Outline

1:30-4pm	School Pickups
4-5pm	Kuk Sool lesson
5-5:15pm	Snack
5:15-6pm	Homework



Days: Monday-Friday

Time: 1:30p.m. – 6:00p.m.

Ages: 5 and Up

5 days a week - \$115 per week

4 days a week - \$100 per week

Family Discount 10%

**Day Camps/ Half Days of School
Included with this fee.**

Drop In Fee: \$50 per day

Registration Fee: \$65 (Onetime fee that covers the cost of the Uniform, Patches, T-Shirt and Lifetime Membership with WKSA)

**Late Fees: \$15 After 6:15pm.
\$1per minute there after.**

After School Program



Kuk Sool Won™

Capitol Heights

7905 Central Avenue

Capitol Heights, MD 20743



Call Now!!!!

(301) 336-6092

www.kuksoolwonmd.com

AFTER-SCHOOL APPLICATION

NAME _____

SEX Male /Female D.O.B. ___ / ___ / _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HM # (____) _____ - _____

WK # (____) _____ - _____

CP # (____) _____ - _____

EMAIL _____

PARENT/GUARDIAN'S NAME

Mom _____

Dad _____

SCHOOL _____

ADDRESS _____

School Phone (____) _____ - _____

GRADE _____

Time of Dismissal _____

Have you ever taken Martial Arts Before? If so What?

Name of any Persons granted your permission to pick up your child from Kuk Sool Won™.

Student Enrollment Agreement

Permission/Release Trip Waiver

I/We, _____, the legal parent(s) /guardian(s) of _____,

grant permission for him/her to be picked up from _____ at _____ time, and taken to Kuk Sool Won™ of Capitol Heights. I/We hold harmless and release Kuk Sool Won™ of Capitol Heights and its representatives from any liability, expense, or right to recovery arising out of any incident, accident, or injury which may

occur while she/he is being driven to, or participating in any activity associated with this program. I/We also agree to pay for such treatment if necessary.

Our child is not currently under physician's care and has no known allergies;

Our child is on the following medication and/or is being treated for the following medical conditions including allergies:

Health Insurance

Carrier: _____

ID #: _____

I, the parent/guardian on behalf of the student, understand that under the terms of this agreement, the school obligates itself to furnish me with competent instruction and suitable facilities for teaching lessons. We are not responsible for any personal items lost, damaged or stolen during our program. Qualified personnel trained in the procedures and traditions of Martial Arts supervise/instruct all class/lessons. I, the parent/legal guardian hereby represents that the student is physically fit to receive and participate in the prescribed course of instruction. The student agrees to faithfully comply with all the rules and regulations of the school and the traditions of Martial Arts, or forfeit their enrollment in this program. I further agree that the Director of this school, for publicity or promotion can use any pictures/videos taken of or by the student in this program without any compensation to me at this time or at any time in the future.

Injury waiver: **I,** the parent/legal guardian on behalf of the student, acknowledges and is fully cognizant of all inherent dangers in connection with the execution of Martial Arts and acknowledges that the execution of Martial Arts requires physical exertion and contact, and realizes that there is a risk of physical injury which may be incurred while engaged in this activity. I, the parent/legal guardian on behalf of the student, hereby waives any and all claims for any mental or physical injury incurred in connection with this training, at the school or anywhere else, and expressly assumes the risk of any and all dangers or injury inherent to the Martial Arts and this after school program.

SIGNATURE _____

(Parent or Guardian if under 18)

DATE ___ / ___ / _____

Payment Agreement

I, the parent/guardian, understand that my tuition is arranged to be paid in

biweekly installments of

\$ _____ dollars /per two weeks.

Any modifications, changes, amendments or cancellations of this student enrollment must be in writing(30 Day Notice). No oral amendments or modifications are to be made to the student enrollment agreement. I further understand that failure to complete the training does not relieve me of my obligation to pay the tuition in full. This budgeted tuition payment plan is not affected by my training schedule and/or attendance for the duration of the school year.

I, the parent/guardian, on behalf of the student, agree to receive and participate in, and the school agrees to teach, a course of Martial Arts. The program goal being Black Belt, and consisting of a maximum of Monday - Friday after school lessons, to be taught during a period commencing ___/___/___, and ending on ___/___/_____. My Payments will be due on the ___1st___5th___10th___15th___20th___25th of each month for the duration of this agreement; the first payment will commence on ___/___/_____.

CREDIT CARD TYPE MC / VISA
Account Number

_____ - _____ - _____

Expiration Date ___/___/____

Name as it appears on card _____

The amount to be debited from my account is \$ _____ on the ___/___ day of each month, commencing on this day of ___/_____.
(month / year)

This authority is to remain in full force and effect until the expiration date of my student enrollment agreement is concluded or the tuition is paid in full. Credit Card declines are subject to \$15.00 return item fee.

Authorized, Agreed and Accepted

by _____

Date ___/___/_____