



“Kickin’ It After Class”

REGISTRATION PACKET

ATT Parents:

Welcome to ATT! Thank you for choosing “Kicking It After Class” for your family this year! We are proud to provide a safe, educational, and fun service for students after school each day. American Top Team is serious about your child’s success not only on the mat, but also in his/her everyday life. It’s about building their self-esteem as they learn crucial life skills like confidence, teamwork, respect, and self-control. Here at ATT Valdosta your child will learn more than just a martial art. The main thing we want to instill in your child is success. Success on our mats is based on showing up and putting in the work. We strive to have an atmosphere that promotes excellence and expect nothing less from our team. No matter what.

This Registration Packet contains helpful information including daily schedule/operations, code of conduct and many of our practices that promote a safe and healthy environment. Complete all forms necessary, and please keep information regarding classes, rules/requirements, and reminders. Do not forget to attach copies of driver’s licenses for those you authorize to pick up your children from the gym. Thanks again for choosing American Top Team Valdosta!

Sincerely,

Coach Kamrin and Ms. Krystal

Got a question? Please contact us directly at (229) 356-7871 or (229) 251-0343.

Martial Arts Classes

American Top Team Valdosta provides quality martial arts classes directly after the customary school day for Valdosta and Lowndes County School Systems. Our focus is to teach our students self-defense in the forms of BJJ and Kickboxing.

Brazilian Jiu-jitsu- BJJ focuses on grappling and especially ground fighting. This art promotes the concept that a smaller, weaker person can successfully defend against a bigger, stronger assailant by using proper technique. ATT Kid's Comp and Self-Defense BJJ targets the characteristics of young kids and utilizes those characteristics to help them develop physically, emotionally, socially, and intellectually.

Competition BJJ- Our Comp classes focus on tournament rules and point system.

Self-Defense BJJ- This is the best anti-bully program for children. This class focuses on building self-confidence through real world martial arts. Children will learn to fight on their feet and on the ground while learn true techniques tested over years of live application Gracie Jiu Jitsu.

Requirements

- Comp is every Monday, Tuesday & Thursday. Students MUST wear GI each Tues/Thurs.
- Self-Defense is every Wednesday & Friday.
- Refillable water bottle or thermos (no glass!)

*Students may leave personal gear/water bottle at gym in designated area OR travel with gear daily. We are not responsible for damaged or missing items.

Student Conduct and Expectations

At ATT Valdosta we require that each and every student show respect on AND off the mats. We will teach your child many different life lessons throughout the course of their training. Inevitably, they will learn to win some and lose some. In all cases, they are expected to behave with honor, dignity, and always represent ATT as the champs they are!

Daily Schedule

Our service will operate Monday-Friday from 2:30pm-5:30pm. Students will be picked up from school upon dismissal and transported directly to American Top Team Valdosta. They will be required to change into appropriate training gear after snack time.

Reminders

- A copy of DL for those authorized to pick up your child must be submitted.
- ATT gis should be purchased before school starts.
- Please help out our team by contacting Krystal via text if your child will be absent.

How It Works

AFTERNOON PICK-UP

- Students will be picked up from their schools upon dismissal and transported to American Top Team Valdosta at 4354 Valnorth Dr.
- Students **MUST** be picked up from our facility by 6:30pm each day. Those who are not picked up by 5:30pm will attend BJJ/Kickboxing class 5:30pm-6:30pm. Please keep in mind that kids leaving class early can be a major distraction for students and class flow. If possible, plan on picking children up by 5:30pm or right at 6:30pm. We are very flexible and understand that your time is precious so please communicate with us if you have any issues with our pick-up procedures!
- “Rolling Pick-up”- For this service, please call 15 minutes before arrival so that we may have your child packed and ready to go. Students will be in the front lobby of gym at pick-up. Simply pull up to the front entrance and a counselor will escort your child to the vehicle. Parent/guardian must sign child out by completing sign out log.
- Students **MUST** be signed out by parent each day. They will be released **ONLY** to their parents, legal guardians, and those authorized by such on the Release of Minors form.

WHAT TO BRING

- Students will need to purchase an ATT GI and bring each Tuesday/Thursday for class.
- Refillable water bottle (no glass please!)
- Snacks are provided but if your child has an allergy or is a picky eater, please pack a small snack with their training bag.
- **NO CELL PHONES OR TABLETS ALLOWED**

LOST & FOUND

- Please label all clothing/belongings and make every effort to inventory daily upon pickup. Lost & Found items will be donated or discarded after 30 days.

MEDICAL FORMS

- Please inform us of any medical issues regarding your child **BEFORE** school begins so that you may complete medical forms necessary.

EMERGENCIES:

- In case of emergency, please call us at (229) 356-7871 or (229) 251-0343.

Payment Agreement

1. Registration- A \$99 registration fee plus \$25 deposit/week (per child) will reserve the weeks you wish to enroll for “KIAC”. Deposits will go toward the total payment of the week/month. Registration fee is per family, not per child.
2. Registration fee AND deposits must be made by AUGUST 1ST in order to secure a spot.
3. “KIAC” payments are due monthly. Payments can be made using check or cash only. Checks should be made payable to American Top Team Valdosta or ATT Valdosta. Those interested in paying in full will receive a 10% off total balance due.
4. Payments are due on the 1st of each month. If the 1st falls on a weekend, payment is due on the Friday before. We are no longer accepting payments without a late fee after the 1st.
5. Late Payment Fees- A late fee of \$25 for payments not made on/before due dates. If payments are not made on time, a late fee will be applied to the next monthly payment.
6. Late Pickup Fee- A late fee of \$1 per minute will be charged for children not picked up by 6:30pm each day. No exceptions. This fee must be paid upon arrival.
7. There are no credits or refunds for missed days.
8. Schools out? The daily fee for any full-day camp needed throughout the year is \$35/day. This is in addition to regular weekly/monthly dues.
9. If you wish to cancel your child’s enrollment for a particular week of after school, we must be notified in writing 30 days in advance.
10. Deposits are non-refundable.

I have read and fully understand my responsibility for payment of my child’s “KIAC” program fees. I agree that my child will be released from the program if I have not met my financial obligations.

Child’s Name: _____

Parent’s Signature: _____ Date: _____

ATT “KIAC” Program Rates and Deposit Totals

- 1 CHAMP \$85/week: 18 weeks x \$85= \$1,530 | Deposit \$450
- 2 CHAMPS \$149/week: 18 weeks x \$149= \$2,682 | Deposit \$900
- 3 CHAMPS \$215/week: 18 weeks x \$215= \$3,870 | Deposit \$1,350

Procedure For The Release Of Minors

American Top Team Valdosta will not release a student to any person other than the parent or legal guardian without written permission from the parent or guardian. Anyone other than the parent/guardian picking up a student must have written permission from the parent/guardian. A copy of each individual's ID must be provided to director prior to any transports. For the safety of your child, please inform such persons to be prepared to provide identification EVERY time they come to pick up a student. Please list the names and contact numbers of those authorized to pick-up your child from ATT Valdosta.

1. _____
2. _____
3. _____
4. _____

Consent for Release of Audio, Photograph and Video

I represent that I am the parent or guardian of the minor child/children listed below and hereby give my consent to American Top Team Valdosta (ATTV) to take or use photographs, digital images, and/or video/audio recordings of my child for use in news releases and/or educational materials as follows: printed publications or materials, posters, brochures, greeting cards, calendars, or web sites. I agree that my child's name and identity: may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of ATTV.

Student Name

Student Name

Student Name

Signature of Parent/Guardian

Date

Who's the Champ?

Student Full Name: _____ DOB: ___/___/___

2nd Student: _____ DOB: ___/___/___

3rd Student: _____ DOB: ___/___/___

School: _____ Grade: _____ T-Shirt Size: ___/___

Father/Guardian Name: _____

Home Phone: _____ Cell: _____ Work: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Mother/Guardian Name: _____

Home Phone: _____ Cell: _____ Work: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Emergency Contact: _____ Phone #: _____

Relation to Child: _____

Emergency Medical Authorization

Should the child(ren) above suffer an injury or illness while in the care of ATT Valdosta, and the facility is unable to reach me immediately, it shall be authorized to secure such medical attention and care for the child(ren) as may be necessary. I (we) agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Medical Issues or Concerns: _____

Primary Physician and Contact: _____

Signature of Parent/Guardian

Date

“Kickin’ It After Class”

Parental/Guardian Consent & Waiver/Release

I, _____ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand that this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent/Guardian Signature: _____ Date: _____

Child’s Full Name: _____ Birth Date: ____/____/____

I understand as the BUYER/MEMBER that I have been granted membership based in material part on this GENERAL RELEASE AND WAIVER. I have been fully informed of the nature of the classes and activities and the physical dangers thereof. As a member I intend to and will engage in strenuous physical activities and classes on American Top Team, American Top Team Valdosta, Reflex MM premises or at other locations from time to time. I understand that these physical activities involve certain risk and exposure to personal injury, which I voluntarily assume for myself and any member of my family, including children and my guests who visit the American Top Team, American Top Team Valdosta, Reflex MMA premises or other training sites. In consideration of mutual covenants contained herein and other good and valuable consideration, including the use of American Top Team, American Top Team Valdosta, Reflex MMA facilities and the admission of members of my family including children and my guests, the receipt and sufficiency of which is hereby acknowledged, I hereby release in full and forever discharge American Top Team, American Top Team Valdosta, Reflex MMA, its directors, officers, shareholders, agents, members, partners and employees, and all other members and guests of American Top Team, American Top Team Valdosta, Reflex MMA, whether acting officially or otherwise, on behalf of myself and any member of family, our representatives, heirs, executors, administrators and personal representative from any and all injury, liability, damages, claims, demands, and/or causes of action relating to or deriving from any injury to me or any member of my family, including children and my guests, during or arising out of the use of the American Top Team, American Top Team Valdosta, Reflex MMA, facilities or participation in any American Top Team, American Top Team Valdosta, Reflex MMA events, no matter where they are held, (classes, seminars, etc.) including all risk connected therewith, whether foreseen or unforeseen.

I hereby certify that I have read this Consent and Waiver/Release, fully understand it, and voluntarily execute the same on this _____ day of _____, 20_____.

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Risk Statement

Bright from the Start: GA Department of Early Care & Learning Rules and Regulations: 591-1-1-46(b)10(vi) requires that programs shall inform Parents about the physical risks a child may face while participating in the program: Programs operated after the customary school day, as defined in Georgia law, for children five (5) years and older that are strictly instructional and skill-based in a single talent, ability, expertise, proficiency or subject or in closely related skills, proficiencies or subjects, including but not limited to classes such as art, cheerleading, dance, drama, gymnastics, martial arts and music.

By signing this form I am indicating that I knowingly accept and assume the risk of injury that might occur from participation in these classes. I acknowledge and understand that there is a risk of injury involved in participation and that ATT Valdosta, nor its trained professionals, can eliminate the risk of injury.

By printing and signing your name, you are stating that you have read and fully understand this information.

Child's name

Printed name of parent or guardian

Signature of parent or guardian

Date

Transportation Request 2019-2020

Transportation Approval for School Systems

Complete this form to receive transportation services for your child(ren) from their school to American Top Team Valdosta. Please submit this form by August 1st to ensure approval.

A copy must be submitted to ATT and your child's school.

Student Name: _____ Dismissal Time: _____

Requested Start Date: _____ School Name: _____

School Address: _____

Name of Parent: _____

Cell: _____ Work: _____

Home Address: _____ City: _____ Zip: _____

Email: _____

Name of After School Program: Kickin' It After Class Phone: (229)251-0343

Name of Martial Arts Academy: American Top Team Valdosta Atl Cell: (480)246-6272

Drop-off Address: 4354 Valnorth Dr City: Valdosta Zip Code: 31602

*Parents/Guardians are responsible for notifying ATT transportation providers regarding student transportation arrangements, changes, or cancellations.

Parent Signature

Date

FOR ATT USE ONLY

DISMISSAL TIME-ASP: _____pm

ATT Vehicle: # _____

Scheduled Pickup Time: _____pm

ATT Driver: _____

“I’M A CHAMP”

Code of Conduct

1. I will respect the instructors/staff by listening to and following their instructions.
2. I will respect ATT by not stealing or causing damage to ATT property.
3. I will respect my fellow classmates and their belongings by keeping my hands to myself.
4. I will respect myself and others by not using inappropriate language.
5. I will respect my time and enjoy every minute!

“Kickin’ It After Class” has a zero tolerance policy on bullying. Bullying in any form will NOT be tolerated. No exceptions. I understand that if I break any of these rules my parents will be notified, and I will be sent home. A meeting with the ATT owner, my parents, and me will determine if I am able to participate further in afterschool classes.

Student Name _____ Date _____

2nd Student Name _____ Date _____

3rd Student Name _____ Date _____

Parent Name _____

ATT PARENT Code of Conduct

1. I will ensure my child has a great afternoon by packing all of the necessary items daily!
2. I agree to make payments on or before the 1st of each month.
3. I agree to make sure my child helps pack his/her own lunch, snacks, and drinks daily.
4. I understand pick-up procedures and agree to pay late pick-up fee upon arrival.
5. I promise to communicate any issues I may have during the course of the year to you!

Parent Signature _____ Date _____

