



## **Welcome to Rock Athletics Kindergarten-Grade 6 After School Program**

\*\*\*Please save **709 351 0097** as **"Rock Athletics"**. \*\*\*

This number is used for **pick up, absentees and PD Day sign ups**.

Text this number when you are on the way and we will have your child ready for when you arrive. Please also text this number to text us to let us know when your child will not be attending Rock Athletics on regularly scheduled days.

For **ALL** other communication, please text **Nikki at 709 689 1103** / email: [rockathleticsclub@gmail.com](mailto:rockathleticsclub@gmail.com)

or **Jim at 709 770 011** / email: [rockathleticsinfo@gmail.com](mailto:rockathleticsinfo@gmail.com)

**Billing:** The program costs \$4200 a year for September to June. This amount is divided into 10 equal payments of \$420 a month for full time (4-5 days a week), \$370 a month for the sibling rate and \$320 a month for part time (up to 3 days a week). There is no sibling rate for part time. Fees are to be made through pre-authorized debit payments only. If withdrawing from our program, two weeks' notice is required.

**Attendance:** As transportation is provided from your child's school to our facility, it is imperative that we are notified on days your child will not be attending. Please text **709 351 0097** to let us know when your child will not be in attendance. We will text you to notify you when your child does not show up on a day he/she is scheduled to attend the after school program.

**PD Days/Christmas/Easter:** We open for full day care on Professional Development Days and some days over Christmas and Easter 8am-6pm for a cost of \$30 per child. We required a minimum of 10 kids to sign up for the full session to go ahead and you are required to sign up for these days in advance so we can plan staff accordingly. To sign up for these days, please text **709 351 0097**. Once your child is signed up for the day, the \$30 fee is due even if you decide not to send your child. You can pay this fee by cash, debit, credit or EMT. Fee is not required if the full day session does not go ahead due to lack of interest.

**Early School Closures:** When schools close early due to stormy weather, the afterschool program will also be closed. When schools are closed early for parent teacher interviews, the last day before Christmas/Easter and the last day of school, transportation is **NOT** provided but we will be open at noon for parents to drop their kids to us, no extra charge. Again, you will need to text **709 351 0097** to sign up so we can plan staff accordingly. We do not provide service for Kinderstart days or days that schools close early for any other reasons other than those already listed.

**Kenpo Karate:** Children will participate in two recreational Kenpo Karate classes a week during after school program hours. Although participate is not mandatory, all children are encouraged to participate. We require parental permission to exempt children from this part of our program. No extra equipment is required for these classes.

**Behaviour:** On a day-to-day basis, children are expected to behave in a proper manner. Should behaviour problems arise, parents will be notified and we ask that parents follow up with it at home. Should poor behaviour continue, your child may be refused access to our program. In such cases, two weeks notice will be given.

**Snacks:** Snack time is provided but we do not provide snacks. Please pack your child an extra snack to have upon arrival to the after school program. Please keep in mind that Rock Athletics is a peanut, egg and shellfish free facility.

**Electronics:** Children are permitted to use electronics for 10-15 minutes upon arrival while waiting for all children to arrive and then again at 5:30pm when waiting to be picked up. Please note we assume no responsibility for lost, stolen or damaged systems. Children are responsible for all belongings brought to the program. Please label all of your child's belongings.

**General Communication:** Please let us know if you have any questions or concerns throughout the year. We have an amazing staff but we are aware that we cannot see and hear everything so please let us know if there is something we need to be made aware of.



## Member Registration Form

Member's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

If under 18, Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

Program ☐ Kenpo Karate ☐ Little Ninja's ☐ Kickboxing ☐ Jr Kickboxing ☐ Wrestling  
☐ Boxing ☐ Jr Boxing ☐ Ladies Cardio Kickboxing ☐ Jiu-Jitsu

MCP \_\_\_\_\_ Expiry \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Athlete's previous Martial Arts training \_\_\_\_\_

Medical Information \_\_\_\_\_

### Family Plan

Someone in my family is joining with me or is already a member. ☐ No ☐ Yes

Name \_\_\_\_\_ Relationship \_\_\_\_\_ ☐ Joining ☐ Already a member

Name \_\_\_\_\_ Relationship \_\_\_\_\_ ☐ Joining ☐ Already a member

### Emergency Contact #1

Name \_\_\_\_\_

Relationship to Member \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Email (if different from above) \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Business Phone Number \_\_\_\_\_

### Emergency Contact #2

Name \_\_\_\_\_

Relationship to Member \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Email (if different from above) \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Business Phone Number \_\_\_\_\_



### **Medical Release**

I hereby grant permission, in the event of illness or injury, for Rock Athletics staff, to provide me/my child with medical assistance and/or treatment and to call or obtain the services of a physician or hospital. I understand that a conscientious effort will be made to contact me or other parent/guardian before any action will be taken.

Member's Name: \_\_\_\_\_  
Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

### **Liability Release**

I hereby release Rock Athletics, owners, coaches, and/or representatives from any liability which may arise out of my/my child's participation in any of said club's activities, games, practices, or transportation and to hold said club, its owners, coaches, and/or representatives harmless from any expense or claim for damages which may be incurred on behalf of me/my child for any injury or accident which may occur in connection with her/his participation herein.

Member's Name: \_\_\_\_\_  
Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

### **Photo/Video Release**

Rock Athletics may promote programs by posting photos/videos of its athletes on the Rock Athletics website, Facebook page and Newsletter. Please indicate your wishes regarding your/your child's involvement in the promotional activities mentioned above by signing below.

\_\_\_\_ Yes, I permit Rock Athletics to reproduce images of me/my child for the promotional purposes listed above.

\_\_\_\_ No, I do not permit Rock Athletics to reproduce images of me/my child.

Member's Name: \_\_\_\_\_  
Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_



ROCK ATHLETICS INC  
236 Park Avenue  
MOUNT PEARL, NL

[RockAthleticsClub@gmail.com](mailto:RockAthleticsClub@gmail.com)



### 1. CUSTOMER INFORMATION (Please Print Clearly):

Name: \_\_\_\_\_

Student/Client Name (If different from above): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

### 2. BANK ACCOUNT INFORMATION:

Deposit Account #:

Branch Transit #:

Financial Institution #:

Checking Account: ☐

Savings Account: ☐

Financial Institution: Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

### 3. PRE-AUTHORIZED DEBIT (PAD) DETAILS:

You, the Payor, authorize Rock Athletics to debit the bank account identified above for \_\_\_\_\_ dollars on the \_\_\_\_\_ of every month or the next business day.

These services are for (check one) ☐ Personal ☐ Business Use

This authority is to remain in effect until Rock Athletics has received written notification from you (the payor) of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

Signature of Account Holder: \_\_\_\_\_

Signature of Joint Account Holder (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_  
(Please Print)

Name: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)