

**2019-20**  
**After School Program Transportation**  
**Release from Liability**

Under the After School Agreement with Notes 'n Beats, I the undersigned, do recognize that my child will be transported to Notes n' Beats by Williams Martial Arts & Fitness (WMAF). I do hereby release WMAF, its owners, staff, instructors, landlords or lessors from any and all liability for injury to my person, my children and/or my charges or damage to property in any way incurred by reason of my participation or that of my children/charges in the transportation offered by WMAF from my child's school to WMAF and/or Notes 'n Beats

**The following is our policy when your child/children are absent from the after school program. Parents are required to phone WMAF at (703) 858-3800 or email [gowmaf@gmail.com](mailto:gowmaf@gmail.com) no later than 12:00. The first time, we are not informed in a timely manner you will receive a written warning. The second occurrence will result in a \$50.00 fine per child.** Please understand the need for such a strict policy. The safety of the children is paramount. Not knowing where your child is during time of pickup causes great concern for us.

***Should you wish to cancel our services, you must provide 30 days written notice to Notes n' Beats***

I, the parent / guardian of (child's name) \_\_\_\_\_, hereby give Williams Martial Arts & Fitness (WMAF) permission to pick up my child from:

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_ Start Date: \_\_\_\_\_

\_\_\_\_\_ 5 Days

\_\_\_\_\_ 4 Days **M T W Th F** (please circle days for pickup)

\_\_\_\_\_ 3 Days **M T W Th F** (Please circle days for pickup)

Allergies or Special Needs: \_\_\_\_\_ DOB \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
*Parent/guardian signature* Date: \_\_\_\_\_