

ELITE MARTIAL ARTS

19239 Stone Oak Parkway Ste 109, San Antonio, TX. 78254 210-481-5466

ENROLLMENT AGREEMENT

New **Renewal** **Cancellation** **Today's Date** _____

The Undersigned (student/buyer) agrees to take, and this school herby to teach the student a course of Taekwondo Martial Arts lessons during the next _____ months under the terms and conditions hereinafter set forth.

Program Name: _____

TUITION (Please mark "X" the applicable selection below)
Registration Fee: Little Dragon \$ 60 _____ Kinder/Kid/Teen/Adult \$ 60 _____

KinderKicks / KidKicks / TeenKicks / Adult: (2 class per week)
Three Months @ 150 per month = \$ 450 _____ Six Months @ \$ 150 per month (-) 5% discount = \$ 855 _____

Little Dragon : +
Three Months @ \$ 120 per month = \$ 360 _____ (2 classes/wk) Three Months @ \$ 70 per month = \$ 210 _____ (1 classes/wk)

Program Tuition \$ _____ **Cash Down Payment \$** _____ **Unpaid Balance \$** _____

Non-Refundable Membership Fee \$ _____ This includes a free student uniform and administrative fee.

The undersigned promises to pay the "Unpaid Balance" Shown above in _____ monthly installments of \$ _____

With the first installment being payable on _____ day of _____, 20____ and all subsequent installments due on the FIRST class of each month until paid in full. All monthly installments will be paid to Elite Martial Arts. \$ 5 Late Fee will be accessed if the payment is received after 5 days from the due date of each month. Additional \$ 25 fee will be charged for each NSF check. If account is in default Elite Martial Arts will forward this contract to a collection agency and the undersigned will be responsible for all associated fee, i.e., collection fees, court costs, attorney's fees and any other fees incurred.

Student Name _____ DOB _____ Phone # _____

Address: _____

Party responsible for Payment:

Name _____ DOB _____ Phone # _____

Address: _____

(If address is the same as the student, please mark "Same As Above")

BUYER'S RIGHT TO CANCEL

You have the right to cancel this contact within 3 business days after the contract is signed without any reason. The notice must be written and delivered or mailed within 72 hours from the date of the contract is signed. After you cancel, the school with keep the non-refundable registration fee and may request the return of all contracts, membership cards, martial arts clothing & equipment. The notice must be delivered or mailed to:

20323 Huebner Road, Suite 108, San Antonio, Texas 78258

You may cancel this contact if you relocate your residence further than 25 miles from the school. This contract may also be cancelled if you die, or if the school ceases operation at the location where you entered into this contract. If you become disabled, you shall have the option of (1) being relieved of liability for payment on that portion of the contract term for which you are disabled, or (2) extending the duration of the original contract at no cost to you for a period equal to the duration of the disability. You must prove such disability by a doctor's certificate, which shall be enclosed with a written notice of disability sent to the school. Upon cancellation, the school will retain the tuition , non-refundable registration fee and any delinquent tuition for services up to the day of cancellation.

This contract is fully transferable. Please notify the school when and to whom the contract will be transferred to once it is determined. This contract may also be deferred up to 6 months under a special arrangement that is both agreed upon by the school and the buyer of said contract.

Student signature

Date

Co-Signer

Date

ELITE KARATE

Membership Application

Member Name: _____ Today's Date _____

Male Female, Age: _____ Birthday: _____ T-Shirt size _____ Uniform size _____

If member is a minor, parent or guardian's name: _____

Home Address: _____ City _____ Zip _____

Home Phone Number: _____ Work Phone Number: _____

Email Address: _____ Cell Number: _____

Employer or School Name: _____

Occupation /Position/Grade: _____

Emergency Contact Name: _____ Phone Number: _____

Do you have any Health Problems : Yes No , If answer Yes, Please describe :

What are your reason for taking karate (check all that apply):

Sport Self-Confidence Self-Discipline Recreation

Weight Loss Self-Defense Physical Conditioning Tournament

Concentration Problems Other: _____

Do you have any Martial Arts experience ? Yes No , if Yes, Please describe style and level:

How did you hear about our program (check all that apply):

Sign Walk-By Flyer Direct Mail

Yellow Page Magazine Radio Other: _____

Referral. Name: _____

I have received information about the program, tuition plans, class schedule and waiver form, all questions have been adequately explained prior to enrollment. Note, this is not a contract and we do not share any of these information with anyone unless consent by the undersigned.

Member's Signature : _____ Date: _____

(If under age of 18, parents or guardian's signature)

Consent to use photograph

I, _____, the parent of _____, a student of Elite Karate, for good and valuable consideration the receipt and Sufficiency of which is hereby acknowledged, agree for myself and on behalf of my child, that Elite Karate can photograph my child and use a Photograph, image, or depiction of my child for commercial purposes of Elite Karate to promote and advertise Elite Karate on its website or in other media. I understand and agree that Elite Karate is using the photograph, image or depiction for the commercial benefit of Elite Karate. I understand and agree that Elite Karate will pay no additional compensation to me or my child for the use of the photograph, image, or depiction; and hereby waive for myself and on behalf of my child any right or claim against Elite Karate to assert any claim in the future to any compensation or reimbursement for the use of photograph, image, or depiction.

Signature

Printed Name

Date

Elite Karate Credit Card Authorization Form

Printed Name: _____ Date: _____

Student Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Email Address: _____ Tel#: _____

Use Card on File

Credit Card payment Please indicate: ___ Visa ___ Mastercard ___ American Express ___ Other

Name of the Cardholder: _____

Credit Card #: _____

Expiration Date: ___/___ (MM/YYYY)

Security Code: _____ Amount: \$ _____

I hereby authorize Elite Martial Arts to charge my card in the amount indicated above:

Signature: _____

Date: _____