## **ELITE MARTIAL ARTS**

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

### **ENROLLMENT AGREEMENT**

New	Renewal	Cancellation	Today's Date	
		grees to take, and this school her as under the terms and condition		se of Taekwondo Martial Arts
Program Na	me:			
		plicable selection below) 60 Kinder/Kid/Teen/Adul	t \$ 60	
KinderKicks . Three Months	/ KidKicks / TeenKicks s @ 150 per month = \$	s / Adult: ( 2 class per week) S 450 Six M	Months @ \$ 150 per month (-)	5% discount = \$ 855
Little Dragor Three Months		= \$ 360 (2 classes/wk) Thr	ee Months @ \$ 70 per month	= \$ 210 (1 classes/wk)
Program Tui	tion \$	Cash Down Payment \$	Unpaid B	alance \$
Non-Refunda	ble Membership Fee \$	This include	s a free student uniform and a	dministrative fee.
The undersign	ned promises to pay th	e "Unpaid Balance" Shown abo	ve in monthly insta	llments of \$
FIRST class of accessed if the NSF check.	of each month until par e payment is received If account is in default	able onday of id in full. All monthly installme after 5 days from the due date o Elite Martial Arts will forward t , i.e., collection fees, court costs	nts will be paid to Elite Martia f each month. Additional \$ 25 his contract to a collection ago	al Arts. \$ 5 Late Fee will be fee will be charged for each ency and the undersigned will
Student Name	e	DOB	Phone	#
Address:				
	sible for Payment:			
Name		DOB	Phone	#
Address:(If address is	the same as the studen	t, please mark "Same As Above	")	
		BUYER'S RIGHT	TO CANCEL	
must be written with keep the	en and delivered or ma non-refundable regist	ntact within 3 business days after ailed within 72 hours from the day ration fee and may request the re- must be delivered or mailed to:	ate of the contract is signed. A	After you cancel, the school
cancelled if y disabled, you you are disab disability. Yo sent to the scl tuition for ser This contract determined. School and th	cel this contact if you is ou die, or if the school shall have the option of led, or (2) extending the unust prove such disposed. Upon cancellation vices up to the day of its fully transferable. If This contract may also be buyer of said contract	Please notify the school when an be deferred up to 6 months und	nan 25 miles from the school. where you entered into this c for payment on that portion of the art no cost to you for a period which shall be enclosed with a sion, non-refundable registration d to whom the contract will be er a special arrangement that is	ontract. If you become the contract term for which od equal to the duration of the a written notice of disability on fee and any delinquent e transferred to once it is s both agreed upon by the
Student signa	ture	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:	CityZip			
Home Phone Number:	Work Phone Number:			
Email Address:	Cell Number:			
Employer or School Name:				
Occupation / Position/Grade:				
Emergency Contact Name:	Phone Number:			
Do your 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 the				
Sign Walk-By Yellow Page Magazine	Flyer Direct Mail Radio Other:			
Referral. Name:				
I have received information about the program, to questions have been adequately explained prior to share any of these information with anyone unless	o enrollment. Note, this is not a contract and we do no			
Member's Signature : (If under age of 18, parents or guardian's signature	Date:			
(If under age of 18, parents or guardian's signatur	re)			

## ELITE KARATE, LLC

### **RELEASE AND WAIVER**

Student Name	Age			
Address	City	Zip		
Telephone	DOB	Sex		
I hereby make application for member pledge to obey all rules and regulations, which the protection of pupils from injury. By acknowing terms and conditions reprograms.	owledging and signing this waiver, I re	the order of this school and for ecognize the risk involved and		
During practice, no hard contact is er for the Little Dragon class (Age 3 & 4). Duri headgear, groin protector and other necessar and will be asked to obey the Taekwondo spal Union and World Taekwondo Federation. Ge Karate, LLC. Will not force its student to pract student understands that the sparring is part of certain risk of injury involved.	y protection gears. The student will be rring guidelines and rules that set forth neral speaking, the rule prevents the ice sparring techniques if the student of	agrees to wear a mouthpiece, e taught the proper techniques by the Unite State Taekwondo contact from waist down. Elite chooses not to participate. The		
In consideration of accepting my du guardian thereof, releases and forever disch instructors, assistant instructors, members, co liability, claims and demands upon or by reason may be sustained in connection with the in premises under the instruction, supervision or demonstrations or any of activities engaged be and incident to this type of sports activities as hereinabove stipulated.	aches and fellow students from any ar on of any damage, loss, injury, or suffer course of receiving this school's trai control of Elite Karate, LLC. or its emp y Elite Karate, LLC. The undersigned	ccessors, officers, employees, and all actions, cause of actions, ing known and unknown which ning and techniques on these bloyees or while participating in assumes all the risks inherent		
I hereby release the landlord and its injuries I may receive in the leased premises, I	s agents and contractors from all responsions areas and common areas of the			
The student, participant, parent, or le possible future medical expenses for injury Should any accident occurs, I hereby give assistant instructor or coach to administer bas obtain trained medical professional to admin agree to provide medical history to the schoo program. I understand that I will be respor condition was not disclosed at my own will price	my permission to Elite Karate, LLC. ic first aid treatment for minor injury (sr ister emergency medical treatment to I prior to enrollment, which could prevnsible for accident that relates to my	emonstration and tournament. and its employee, instructor, nall bruise, bumps or cuts)or to my child/self. In addition, I ent my ability to participate the		
I further consent that if I am invited to or my picture was advertised in the school's ac	participate in any of promotional active dvertising material, I will waive the com			
If I am under the age of 18, my parent	s or legal guardian will acknowledge th	is waiver on behalf of me.		
This Acknowledgment of Risk and W and is signed voluntarily as to its content and i	aiver of Liability have been read thor ntent.	oughly, understood completely		
Student's signature (if over age of 18)	Print Name	Date		
Parents / Legal Guardian's signature (If student is under age of 18)	Print Name	Date		

# **Consent to use photograph**

l,	, the parent of _		_, a student of
Elite Karate, fo	or good and valuable cor	nsideration the red	ceipt and
	which is hereby acknow Elite Karate can photogo		•
Photograph, i	mage, or depiction of my	y child for comme	rcial purposes of
media. I under or depiction for that Elite Kara use of the pho on behalf of no in the future t	promote and advertise erstand and agree that Eleor the commercial benefate will pay no additional otograph, image, or deping child any right or clair to any compensation or mage, or depiction.	ite Karate is using it of Elite Karate. I compensation to ction; and hereby n against Elite Kar	the photograph, image understand and agree me or my child for the waive for myself and ate to assert any claim
Signature			
Printed Name			
Date	<del></del>		

## **Elite Karate Credit Card Authorization Form**

Printed Name:		Da	te:	
Student Name:				
Address:	City: _			
	State:		_Zip:	
Email Address:		_ Tel#: <sub>-</sub>		
[ ] Use Card on File				
Credit Card payment Please indicate:Visa Maste	ercard _	Ame	rican Express	_ Other
Name of the Cardholder:				
Credit Card #:				
Expiration Date:/ (MM/YYYY)				
Security Code: Amount: \$				
I herby authorize Elite Martial Arts to charge my card in th	ne amoun	t indica	ited above:	
Signaturo:		Da	to	