



After School Martial Arts Program/Camps

Today's Date: _____ Enrollment date: _____ Withdrawal date: _____

Please print clearly and answer all questions; ALL BLANKS MUST BE FILLED OUT ON THIS APPLICATION.

Child's Name: _____ Date of Birth: _____ Child's Home Phone #: _____

Child's Address _____ City _____ State _____ Zip code _____

Parent Information

Father's Name _____ Address if different from child _____

Mother's Name _____ Address if different from child _____

Parent contact Phone Numbers

Father's Home Phone _____ Father's work Phone _____ Father's Cell/Pager Number _____

Mother's Home Phone _____ Mother's Work Phone _____ Mother's Cell/Pager Number _____

In case of emergency name and phone number of person we may call if parents cannot be reached.

Name of Person _____ Relationship to child _____ Contact Number _____

I hereby authorize Samurai Karate Dojo, Inc to allow my child to leave the facility with the following people (PLEASE INCLUDE SPOUSE, IF ABLE TO PICK UP YOUR CHILD):

_____ (Full Name) _____ (Relationship to child) _____ (Phone Number)

_____ (Full Name) _____ (Relationship to child) _____ (Phone Number)

_____ (Full Name) _____ (Relationship to child) _____ (Phone Number)

Check all that APPLY:

Transportation: I hereby give do not give – my consent for my child to be transported and supervised by facility employees: from school on field trips

Water Activities: I hereby give do not give – my consent for my child to participate in water activities:
 sprinkler play splashing/wading pool swimming pools water play

Field Trips: I hereby give do not give – my consent for my child to participate in Field Trips:
Parent’s Comments: _____

My child is enrolled at:

Name of Public/Private School: _____

Grade child is enrolled in: _____ Pick up frequency _____

In order to communicate better with all parents, we would like for you to please give us your email address to keep our parents informed of events.

Father’s Email: _____ **Mother’s Email:** _____

Check All That Apply:

- My child’s immunization record is on file at the school and all immunizations and tuberculosis tests are current. Current Vision and Hearing screening records are also on file.
- I hereby understand that Samurai Karate Dojo, Inc is not responsible for providing my child with meals or snacks while in attendance. It is my responsibility to provide lunch or snacks for my child daily.

List any problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of:

REQUIRED INFORMATION: Authorization for Emergency Medical Attention:

In the event that I cannot be reached to arrange for medical attention, I authorize the person in charge to take my child to:

Name of Physician: _____ Address: _____ Phone Number: _____

Name of Hospital: _____ Address: _____ Phone Number: _____

I give consent to Samurai Karate Dojo, Inc to secure any and all necessary emergency medical care for my child in the event of illness or accident.


 Signature of Parent/Guardian: _____

RELEASE AND WAIVER OF LIABILITY

In consideration of services received as a student on these premises, the undersigned hereby releases the forever discharges the its heirs, successors, administrators and assigns from any and all actions, causes of action liability, claims and demands upon or by the reason of any damage, loss injury, or suffering known and unknown which may be sustained in connection with and in course of receiving training and techniques on these premises, from the instructor or instructors, staff, official or employees of this or any fellow students on the premises in connection therewith and within the course of taking training or lessons for the purpose designed in this application. He/she hereby waive, all his/her rights to claims, actions, and causes action, demand or suit for loss, injury, damage, or suffering sustained as a result of anything other than gross negligence on the part of Samurai Karate Dojo . The undersigned assumes all the risks inherent and incidental to this type of sport activity as a condition for applying for admission to this for the purpose hereinabove stipulated.

We herby authorize its agents, successors and assigns to photograph, video record us, and use our voice(s), photographs and images without restriction and to utilize such photograph and/or voice transcriptions for any commercial or security purpose to include the internet, including but limited to the promotion and marketing of the school, and we agree that we shall not be entitled to receive any compensation as a result of such use.

The undersigned understands that under the terms of this Agreement, The School obligates itself to furnish me with competent instruction and suitable facilities for receiving lessons. That all classes are supervised by qualified personnel trained in the procedures and traditions of the Martial Arts. Official belt recognition and belt promotion will be issued to me upon completion of examination. Uniforms, annual association dues, seminars, belt testing, tournaments, etc., are separate fees not included in the terms of this agreement.

 Signature of Parent/Guardian: _____

Program Duration/Financial Responsibility

Length: ____ (Weeks, Months, Years) Starting Date: ____ / ____ / ____ Ending Date: ____ / ____ / ____ or

Week to Week **Month to Month**

At the rate of \$ _____ per week bi-weekly month _____ (other)

First Deduction beginning on ____ / ____ / ____ and continuing for ____ consecutive weeks / months / other:

CANCELLATION OF EFT CHARGES:

I understand that under the Month to Month program a 30 day written notice must be given before cancellation of EFT payment can be made. A new registration fee will be required after 30 days of non-payment. Also, week to week programs such as Camps require a written notice of weekly absence or cancellation, which is due by 12:00 PM (Noon) on the Thursday prior to child(ren)'s non-attendance. **Initials:** _____

ELECTRONIC TRANSACTION AUTHORIZATION

The buyer requests the privilege of making payments to _____, under the company's preauthorized payment plan and hereby requests the Company or its AGENT(s) to draw items from (Checks, EFT, Credit Cards) from the following account, or any subsequent account whose information the buyer provides either verbally, electronically, or in writing. _____ VISA /MC/AMEX, Discover Account # _____

Exp. Date ____ an additional ____ % will be applied for Credit Card Processing. (3.7% Visa/MC/Discover, 4.7% AMEX)

____ Savings/Checking Account _____
Name of Bank _____ Routing # _____ Account# _____
(A VOIDED CHECK MUST BE ATTACHED, OR DEPOSIT SLIP FOR SAVINGS)

Subject to the following conditions:

1. The items shall be drawn on or about the date or dates of the membership agreement. The transaction on your bank statement will constitute receipts for payments on your account
2. The Company may revoke the privilege of making payments under this plan if any item is not paid upon presentation. At that time a payment booklet may be issued to the buyer.
3. This plan if cancelled does not release the buyer from buyer's obligation of membership agreement/contract.
4. A service charge of \$35.00 will be applied to all insufficient drafts, checks, electronic fund transfers. or charge cards

**** The Buyer will fill in all blanks and read the reverse side of this agreement before signing.**

____ Date: _____ (Staff Writer: _____)
Signature of Person Responsible for Payment _____

BUYER'S RIGHT TO CANCEL

All **cancellation** requests must be presented in person or via email. With the exception of week-to-week camps, you have the right to cancel within three business days of signing this agreement without penalty. After you have cancelled, you may request the return of all contracts, membership cards and other documents of evidence of membership.

You may cancel this contract without penalty if you relocate your residence further than ten (10) miles from any school operated by the seller or from any other substantially similar school which would accept the obligation of the seller. This contract may also be cancelled if you die, or if the school ceases operation. 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 extra cost to you for a period equal to the duration of the disability. However, you must prove such disability by a doctor's certificate, which certificate shall be enclosed with the written notice of disability and sent to The Karate School. They may require you to be examined by another physician agreeable to both you and the health club at its expense. An enrollee may transfer his/her membership to another individual. A transfer fee of \$30 will be assessed. A **buy out option may be** offered by the owner of The Karate School after 90 days of services have been provided. The settlement shall be for 50% of the remaining balance of the contract. Payment arrangement shall be made in writing and full payment shall not exceed 30 days from offer.

Client's Signature:	Date:	Staff Member Signature:
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TERMS

- The Karate School will be closed on all federal holidays or other special days designated by the Chief Master Instructor. Samurai Karate Dojo will be closed one week during the Christmas Holiday Season. I understand that automatic drafts will continue during this time and those fees/ dues will not be prorated. Initials [REDACTED]
- I recognize that regular attendance is important for my/my child's progress and I understand that it is my responsibility to ensure attendance. It is further understood that the contract holder is obligated to make payments whether or not the student attends classes. I further understand that failure to complete the course does not relieve me of my obligations to pay tuition in full. (No Refunds or Prorating) Initials [REDACTED]
- I understand that strict observation of the rules and regulations relative to training includes the use of protective equipment required by Samurai Karate Dojo. This equipment will largely eliminate the possibility of accident or injury. All equipment used in this establishment must be purchased from Samurai Karate Dojo. Any other equipment is unauthorized. Safety Equipment must be purchased to participate in sparring classes (Chief Instructor will advise you in advance). Initials [REDACTED]
- I understand that during the course of instruction, employees of Samurai Karate Dojo and/or other student or authorized persons will be engaged in a course of conduct requiring physical contact and I give full consent to such contact as required by training. [REDACTED]
- I understand and agree that Samurai Karate Dojo will not be held liable for any injuries: damages, etc. not caused directly by or resulting from negligence of the owner, operators or persons in charge of establishment (s) or their agent servants or employees. [REDACTED]
- Any child who has not been picked up by 6:30 p.m. from the After School Program , Camp Programs or Karate programs will be charged the following (account will be drafted within 48 business hours):
a) 20.00 for 5 – 15 minutes late b) \$40.00 for 16 – 30 minutes late, and \$1.00 per minute for each additional minute. Initials: [REDACTED]
- A service charge of \$ 20.00 will be applied to all accounts over 7 days late. Initials [REDACTED]
- A service charge of \$ 35.00 will be applied to all returned checks and non sufficient funds account for each occurrence. Initials [REDACTED]
- Payments are due the Friday prior to the week of service for programs paid weekly. Initials [REDACTED]

• **NOTICE: CANCELLATION DURING SUMMER CAMPS/WEEKLY CAMPS, INCLUDING A CHILD’S ABSENCE FOR THE FOLLOWING WEEK/WEEKS, MUST BE GIVEN TO SAMURAI KARATE DOJO IN WRITING NO LATER THAN 12:00 PM THE THURSDAY BEFORE THE CHILD’S ABSENCE/CANCELLATION . NOTICE MUST BE GIVEN VIA WRITTEN LETTER OR EMAIL.**

- I understand that it is my responsibility to notify Samurai Karate Dojo of early dismissal times and days at my child’s school. Failure to report absences can cause untimely delays and confusion. Therefore, 24 hour notice must be given. Early dismissal due to illness must be reported to Samurai karate Dojo staff, as soon as possible. Failure to report above mentioned before 2:00 p.m. will result in a \$10 charge for false pick-up. (Your account will be drafted within 48 business hours) Initials [REDACTED]
- In consideration of the training and receiving proprietary industry information. I agree that I will not, during the continuance of this agreement, and for a period of five (5) years following termination of my association with Samurai Karate Dojo, engage in teaching Martial Arts or offering similar training or instruction within a fifty (50) mile radius of any school operated by Samurai Karate Dojo without the express written authorization and receiving proper instructor’s licensing and charter to operate such business from the chief Instructor. [REDACTED]
- I/we hereby authorize Samurai Karate Dojo’s agents, successors and assigns to photograph, video record us, and use our voice(s), photographs and images without restriction and to utilize such photograph and/or voice transcriptions for any commercial or security purpose to include the internet, including but limited to the promotion and marketing of the school, and we agree that we shall not be entitled to receive any compensation as a result of such use. [REDACTED]

I have read and understood the above mentioned and will comply. I. [REDACTED] UNDERSTAND THAT THE KARATE SCHOOL IS A MARTIAL ARTS FACILITY AND NOT A DAYCARE IN AS SUCH, THEIR STOCK-IN TRADE IS NOT SUPERVISION AND CARE. THEIR INTENT IS TO TEACH MARTIAL ARTS, PHYSICAL AND PHILOSOPHICAL CHARACTER BUILDING SKILLS. I UNDERSTAND THAT SAMURAI KARATE DOJO IS A MARTIAL ARTS AND IS A DROP IN FACILITY AND THAT AS SUCH, MY CHILD (REN) IS/ARE FREE TO COME AND GO, AND IF MY CHILD (REN) IS TO STAY AT THIS FACILITY, IT IS BECAUSE OF MY DIRECTION AND NOT THE KARATE SCHOOL. I UNDERSTAND THAT THE KARATE SCHOOL IS NOT LICENSED BY THE STATE OF TEXAS.

NOTE and EXCEPTIONS:

Client’s Signature:	Date:	Staff Member Signature:

Receipt of Samurai Karate Dojo Operational Policies

STUDENT MANUAL RECEIPT ACKNOWLEDGMENT: This form is to be signed by Parent/Guardian to indicate that they have received Samurai Karate Dojo's Operational Policies Manual. Parent/guardian acknowledges that he/she understands the information provided in the manual.

I have received my copy of Samurai Karate Dojo Operational Policies Manual. It is my responsibility to read and understand the matters set forth in this Manual. It is a guide to Samurai Karate Dojo's policies.

I understand and acknowledge that Samurai Karate Dojo has the right, without prior notice, to modify and/or amend the Samurai Karate Dojo Operational Policies Manual and other institutional programs within the limits and requirements imposed by law.

Student Name (print)

Parent/Guardian Name (print)

Parent/Guardian Signature

Today's Date