

American Sports Karate, LLC. Instruction Agreements

SECTION 1: MINOR STUDENT INFORMATION Date: ___/___/___

Name _____ DOB ___/___/___
Address _____ St. ___ Zip _____

SECTION 2: PARENT / GUARDIAN / ADULT STUDENT INFORMATION

Name _____ Relationship to minor if applicable _____
Address _____ If different than minor _____ St. ___ Zip _____
Phone #s: Home _____ Work _____ Mobile _____
Email _____ DOB ___/___/___
Emergency Contact: Name _____ Phone _____
How Did You Hear About A.S.K.? (for example, website, school flyer, friend or drive by)

SECTION 3: ADDITIONAL PARENT / GUARDIAN INFORMATION

Name _____ Relationship to minor _____
Address _____ St. ___ Zip _____ Email. _____
Phone: Home _____ Work _____ Mobile _____

SECTION 4: MEMBERSHIP OPTIONS: Please indicate membership option & initial. Opt. ___ Initial. ___

Opt 1: Introductory New Student Special On-time payment of \$99
Includes uniform and unlimited instruction for one month. This is the best way to get to know our instructors and facility without committing to a contract.

Opt 2: Monthly Program with monthly payments of \$195
Month-to-month program has no long-term obligation and can be canceled anytime.

Opt 3: Six Month Program with monthly payments of \$165 or one up-front payment of \$891
6-month program requires first & last payment at inception & remaining payments made via automated credit card, check card or EFT. 10% discount if paid in full at inception.

Opt 4: Nine Month Program with monthly payments of \$155 or one up-front payment of \$1255
9-month program requires first & last payment at inception & remaining payments made via automated credit card, check card or EFT. 10% discount if paid in full at inception.

Opt 5: Annual Program with monthly payments of \$145 or one up-front payment of \$1566
12-month program requires first and last payment at inception and remaining payments to be made via automated credit card, check card or EFT.

Financial Notices: Monthly or weekly payments must be paid via automated credit card, check card or EFT. This requirement may be opted out of for an additional fee of \$25 per each scheduled payment. A \$25 fee will be charged for NSF checks, NSF check cards, declined credit cards and EFT transfers on all transactions. No refund memberships. Member must notify A.S.K. in writing regarding any membership freeze or cancellation in order for notification to be valid. Notifications should be sent to dmoore@americansportskarate.com **Siblings receive 10% off memberships and 50% off tournament team.**

SECTION 5: PAYMENT INFORMATION

EFT: withdraw from checking account, please attach voided check. Bank Name: _____

Credit Card: Acct No. _____ Exp. Date ____/____/____ CID# _____

I choose instructional option # _____ with _____ monthly payments of \$ _____ and a down payment of \$ _____.

Print Name

Signature

X _____

X _____

Contract / Instruction Program Start Date: ____/____/____

Contract / Instruction Program End Date: ____/____/____

I hereby authorize the amounts indicated above to be withdrawn from my checking account or charged to my credit card account listed above or, secondarily, any other form of payment American Sports Karate may have on file belonging to me and acknowledge the payments herein are due whether I use the services at American Sports Karate or not. I also understand and agree that if I choose the monthly payment option on an annual agreement and for whatever reason stop making the scheduled monthly payments, the total remaining balance becomes due and payable immediately and will be charged as set forth above. Furthermore, I acknowledge that any membership cancellation or freezing options that may be available to me must be submitted in writing prior to any applicable payment due date to be valid.

Print Name

Signature

X _____

X _____

SECTION 6: RELEASE AND WAIVER AGREEMENT

I, (student's name) _____, am entering into the following Release and Waiver Agreement with American Sports Karate, LLC for all activities organized by or associated with American Sports Karate LLC. I understand that I am signing this Release and Waiver Agreement in consideration for and as a requirement of the student participating in any American Sports Karate activities, classes, self defense clinics, after school programs, seminars or other functions organized by or associated with American Sports Karate LLC, whether located at the American Sports Karate facility or other location(s).

For myself as student and for the student as parent/guardian, and for my successors, heirs or assignees and legal representatives, I do now and forever, fully and finally, release, discharge and waive American Sports Karate, LLC and all of its agents, employees, instructors, heirs, assigns, insurer, from any and all claims, demands, damages, expenses, costs, actions or causes of actions known or unknown, past, present or future for any personal injuries including bodily injury or death, which are alleged to have arisen out of or resulted from student's participation in any and all activities organized by or associated with American Sports Karate, LLC, including but not limited to martial arts classes, exercises, drills, and sparring. I understand that participation in martial arts activities includes a risk of serious personal injury or even death. I know that this martial art is a contact endeavor, and I understand that I am responsible with the guidance of the student's doctor for evaluating the student's physical condition and ability to participate in martial arts classes and/or other activities provided by or associated with American Sports Karate, LLC. By signing this Release and Waiver Agreement, I am also stating that the student has the physical ability and health necessary to participate in martial arts classes.

This Release and Waiver Agreement executed this _____ day of _____, 201_____

Printed Name of Student

Printed Name of Legal Guardian (if applicable)

Signature (must be signed by legal guardian if member is under 18 years of age)