

USA TAEKWONDO CENTER

6251 COMMERCE PARK DR, FORT MYERS, FL 33966

Ph #239-561-9470, Fax #239-936-7425, email usataekwondocenter@comcast.net

Date _____
1st Child / Name _____ (F / M), DOB _____ Age _____
2nd Child / Name _____ (F / M), DOB _____ Age _____
3rd Child / Name _____ (F / M), DOB _____ Age _____
Home Address _____ Apt# _____
City _____ State _____ Zip Code _____ Home Ph# _____

I give permission for my child to watch PG movies. If yes, initial _____

How did you hear about us? _____

Mother's Name _____ Employer _____

Work Ph# _____ Cell # _____ Email _____

Father's Name _____ Employer _____

Work Ph# _____ Cell# _____ Email _____

If you are not a parent and have temporary or full custody of the above-mentioned child/children, please fill out the following information and provide a copy of the court documents.

Guardian Full Name _____ Employer _____

Work Ph# _____ Cell # _____ Email _____

Emergency Contacts that may pick up my child/children from the Center:

Name _____ Ph # _____

Name _____ Ph# _____

Does your child have any allergies or require any medications? _____

Does your child have any medical conditions which may preclude or limit their physical activities, including Taekwondo? _____

I authorize Usa Taekwondo Center to charge my account for the amount specified for that week. All services are prepaid and is due in advance by the Friday before the week of attendance.

\$145 per Week per Child

OR

\$165 per Week Per Child

PLEASE SELECT WEEK(S) 7:30-4:00PM

7:30-6:00PM

5/26-29 WEEK 1	6/1-5 WEEK 2	6/8-12 WEEK 3	6/15-19 WEEK 4	6/22 - 6/26 WEEK 6	6/29-7/3 WEEK 7	7/6-10 WEEK 8	7/13-17 WEEK 9	7/20-24 WEEK 10	7/27 - 31 Week 11
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CREDIT CARD, ACH or EFT AUTHORIZATION

I authorize Usa Taekwondo Center to withdraw from the following account:

Visa/MC _____ Exp _____ CVV _____

Name on Card _____

To pay by Checking account: PLEASE ATTACH VOIDED CHECK (Credit Card must also be on file)

Checking Account # _____ Routing # _____

There is no morning snack time. Your child must be picked up by 6 pm daily. After 6 pm, a late fee of \$1 per minute will be assessed and charged to your account. Initial ____ Please send lunch each day and it must be in a lunch box, not paper or plastic bags. Weekly or daily dues must be paid from a singular account and be deducted electronically from the account provided, or if paying by check in advance on Friday for the following week. Late fees: \$5 per day Initial ____ 30 day written notice is required to change or cancel enrollment dates. After 30 days, no refund will be issued.

I HAVE READ AND UNDERSTAND USA TAEKWONDO CENTER'S DAY CAMP RULES.

Parent / Guardian Signature: _____

Print Name _____ Date _____

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Usa Taekwondo Center, Inc agrees to provide instruction in Martial Arts to the enrollee during the scheduled instructional hours of the Center. Enrollee understands that it is his/her responsibility to attend instructional sessions. Enrollee understands that the entire stated course fee is due and payable according to the terms of this agreement regardless of whether or not the enrollee chooses to attend instructional sessions provided by the Center. In consideration of the Center's agreement to instruct and provide instruction, enrollee agrees to pay the stated course fees. In the event of the default of any payment, installment or fee in accordance with the terms of this Agreement, or a breach of any of the covenants contained herein to be performed by the enrollee, the balance due under this agreement shall become immediately due and payable. Usa Taekwondo Center has the right to add, cancel, change class schedule at any time, with the notice given to enrollees. There are no refunds regardless of payment of your membership in full.

Usa Taekwondo Center reserves the right to amend or add to these rules and conditions and to adopt new rules and conditions as it may deem necessary. I, enrollee or the member, irrevocably authorize Usa Taekwondo center, its successors and assigns, and those acting under its authority, to copy, use, publish for art, advertising, trade, or any other lawful purpose whatsoever photographic portraits, pictures, or videotapes of me or my child/ren, in which I or my child/ren may be included in whole or in part.

In consideration of the training obtained, I agree that I will not, during the continuance of this agreement and for period of five (5) years following termination of my association of with the Usa Taekwondo center, engage in teaching Martial Arts or work as a Martial Arts instructor in an After School Program, Summer Camp, Spring Camp, Winter Camp or offer similar training or instruction within a fifty (50) mile radius of any school operated by Usa Taekwondo Center without the expressed written consent of Usa Taekwondo Center.

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND PARENTAL CONSENT AND INDEMNITY AGREEMENT

In consideration of your acceptance of my entry or that of the minor child, I do hereby, for myself or the minor child, my heirs, executors, and administrators waive, release, discharge, covenant not to sue, and agree to indemnify and hold harmless any and all rights and claims for damages which I may have or may accrue to me against Usa Taekwondo Center or their respective officers, agents, representatives, successors, volunteers, assignees and against any enrollee for any and all damages which may be sustained by me or the minor child in connection with my association with entering into the above Agreement. I understand the nature of Taekwondo activities and believe that my experience and capabilities, or that of the minor child, he/she has my permission to participate in Usa Taekwondo Center. I understand that Taekwondo activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death. These risks and dangers may be caused by the actions, or inactions of the minor child, other enrollees or the employees of Usa Taekwondo Center.

I have read and fully understand the terms of this Agreement and understand that I/or the minor child have given up substantial rights by entering into this Agreement. I have signed this Agreement freely and without any inducement or assurances of any nature and intend this Agreement be a complete and unconditional release of all liability from this date to forever to the greatest extent allowed by the law.

Student name(s) _____ Signature _____

If under 18, Parent/Guardian Signature _____ Print Name _____

Address _____ Phone # _____