

UNITED TAE KWON DO

669A Burnside Ave – East Hartford, CT 06108 860-289-8008 www.United-TaeKwonDo.com



STUDENT ENROLLMENT APPLICATION & AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

Student Info:

Purchaser's Name(s): _____ [] Legal Guardian? Date: ___/___/___
Address: _____ <i>Street City State Zip</i>
Phone Number: (H) _____ (W) _____ (M) _____
Email Address: _____ [] Join Mailing List?
Student 1: _____ (Nickname: _____) M / F DoB: _____ Experience: _____ General Physical Health: _____ Physical Handicaps: _____ Uniform Size: _____
Student 2: _____ (Nickname: _____) M / F DoB: _____ Experience: _____ General Physical Health: _____ Physical Handicaps: _____ Uniform Size: _____
Student 3: _____ (Nickname: _____) M / F DoB: _____ Experience: _____ General Physical Health: _____ Physical Handicaps: _____ Uniform Size: _____
Allowed to pick-up these students: _____

For additional students, please write information on the back

Payment:

___ Introductory Special: _____ (May cancel entire course within the first month of agreement by written notice.)
Agreement Type: ___ Month-to-Month (Monthly rate: \$ _____/mo) (must choose one) ___ Contract for ___ Months (Total tuition: \$ _____) Payment Type: ___ In Full ___ Payment Plan (Credit Card Only)
Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> CC: _____ Exp: ___/___ CVV: _____ Name on card: _____

Office Info:

Staff: _____ Heard About Us: _____ Classes likely to attend: _____ Course Begin: ___/___/___
Why TKD? _____
Expectations at 1 year: _____
Notes: _____
Office: [] Payment Rec'd [] Purchaser Copy [] File copy [] Att [] Folder [] Pic [] QB [] Receipt [] Recurring [] XLS

The Purchaser understands that the total tuition set forth above is for the entire agreement and the Purchaser becomes fully liable for the total tuition upon signing of this agreement. The Purchaser understands and agrees that the total tuition shown above shall be paid in _____ installments of \$ _____ per month to United Tae Kwon Do (the "School") starting on _____. Each Payment is Due by the 5th of Each Month. I authorize the School to automatically bill the card listed above for Martial Arts Training in the amount of the monthly recurring payment through the duration of this contract. I agree to pay the total amount shown above in compliance with the cardholder agreement. This contract will automatically renew for the same duration and payment method as the original agreement, at the then-current rate, unless written notice to cancel is received at least 7 days prior to renewal date. Any checks returned for any reason, including non-sufficient funds, or credit cards unable to charge for any reason will be subject to a processing fee of \$25.00. All student records will be kept for up to one year after last date of attendance. Notice of Assignment: The School reserves the right to transfer this agreement to any financial institution. I have received, read, and understand the United Tae Kwon Do School Rules. I understand that strict adherence to these rules is required for continued enrolment at the school.

BUYER'S RIGHT TO CANCEL

If you wish to cancel this contract, you may cancel by mailing a written notice by certified or registered mail to the address specified below. The notice must say that you do not wish to be bound by this contract and must be delivered or mailed before midnight of the third business day after you sign this contract. After you cancel, the School may request the return of all contracts, membership cards and other documents of evidence of membership. The notice must be delivered or mailed to: United Martial Arts, LLC D/B/A United Tae Kwon Do, 669A Burnside Ave., East Hartford, CT 06108.

You may also cancel this contract if you relocate your residence further than twenty-five 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 canceled 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 certificate shall be enclosed with the written notice of disability sent to the School. The School may require that you be examined by another physician agreeable to you and the School at its expense. If you cancel, the School may keep or collect an amount equal to the fair market value of the services or use of facilities you have already received.

RELEASE AND WAIVER OF LIABILITY

In consideration of services to be received as a student on these premises, the undersigned hereby releases and forever discharges the School, its heirs, successors, administrators, instructors, staff, officials, employees and assigns from any and all actions, causes of action, liability, claims and demands upon or by reason of any damage, loss, injury, or suffering known and unknown which may be sustained by the student named above in connection with and in the course of receiving this training and techniques on these premises from the instructors, staff, officials, or employees of the School 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. The undersigned hereby waives all rights to any claims, actions, causes of action, demand or suit for loss, injury, damage, or suffering sustained as a result of anything other than gross negligence on the part of the School. The undersigned assumes all the risks inherent and incident to this type of sports activity as a condition for applying for admission to the School.

SIGNATURE: _____ DATE: _____
(Parent of Guardian if under 18)