



Student Agreement

*Non-Refundable Registration Fee
\$75 One Child, \$100 Two Children
(includes uniform & mat shoes)*

Enrollment Date: _____ Start Date: _____

Name of School: _____

Name of Parent or Legal Guardian: _____

Student's Name: _____ Age: _____ DOB: _____

Address: _____
Street City State Zip

Home Phone: _____ Email: _____

Dad's Work Phone: _____ Dad's Cell Phone: _____

Mom's Work Phone: _____ Mom's Cell Phone: _____

Other Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Medical Insurance for Child: _____ Policy #: _____

Consent

I (Parent OR Guardian) give my consent to Global Heritage Educational Enterprise, LLC dba The Dojo American Karate Centers, its officers, agents, employees, individuals associated with the organization or any emergency medical personnel to administer necessary treatment to my child named above in the event of an emergency and authorize transportation for my child by ambulance if situation warrants.

X _____ (initials)

I (Parent OR Guardian) give my consent to Global Heritage Edu. Ent. dba The Dojo American Karate Centers, its officers, agents, employees, individuals associated with the organization to transport my child named above to and from Dojo authorized activities and events.

X _____ (initials)

I understand that The Dojo is a martial arts school and not a daycare. This program is not licensed by the state of Georgia nor is it required to be licensed by the state of Georgia. The intent of The Dojo is to teach martial arts physical and philosophical character building skills. Students not participating in karate class on a regular basis will be removed from the karate program. This program operates during the DeKalb County School year: August 2018 – May 2019. The Dojo does not operate during school holidays. Schedule will follow DeKalb County school closings – if schools are closed due to weather, then The Dojo program will also be closed.

X _____ (signature)

Waiver & Release

Buyer(s) understands that Student is engaging in physical activity/exercise, along with the use of The Dojo's facility, equipment, training and instruction, which can be dangerous and could cause injury. Therefore Buyer(s), assumes all risk of injuries to said individual. Buyer/Student hereby waives and releases any claim or right to sue The Dojo, employees or agents for injury. Buyer(s) has carefully read this waiver and release and fully understands that it releases The Dojo of all liabilities for any injury that may occur. It is always advisable to consult your physician before undertaking any physical activity/exercise program, particularly karate activities.

Loss/Damage/Theft

The Dojo does not assume any responsibility for the loss, damage, or theft of any property belonging to the Buyer(s)/Student and agrees that The Dojo and its personnel are not responsible or liable for any such property in the event of loss, damage, or theft on or about the facility.

Non-Compete

It is prohibited for any Student and/or guest(s) to conduct any commercial business or activity, or solicit any business competitive with that of The Dojo (including personal training services), from or about The Dojo premises without prior, express, written consent of owners. The Dojo has the right to recover any revenues received by Student and/or guest(s) in violation of this policy, as well as attorney's fees, court costs, etc. incurred. Student and/or guest(s) may not subscribe to any such business activity.

Tuition

To reserve your place weekly, payment of \$80 is due on the Friday before with a credit card on file. I authorize my credit or debit card to be charged for the amount due plus any applicable late fees and/or outstanding balances. NO REFUNDS; however, as a courtesy, credit may be issued for services, equipment, or uniforms. If your child is absent for more than one week, you will lose your place in the After School Program, unless prior written arrangements have been made. Protective equipment, examination fees, tournaments, etc. are separate fees and are not included in this agreement.

Signature (Parent or Guardian)

Date

Credit/Debit Card Authorization

Credit/Debit Card Type ____ Visa ____ MasterCard ____ Discover

Name on Card _____ C.I.V. _____

Billing zip code _____ Billing street number _____

Card Number _____ Expiration Date _____

I hereby authorize The Dojo to initiate debit entries of \$80 on the Friday prior to the week of attendance. I have the right to stop payment with 14-days advanced written notice to The Dojo.

Authorized Signature

Date