

DATE: _____

MARTIAL ARTS PLUS

4024 W. Vine Street

Kissimmee, FL 34741

407-847-6866

ENROLLMENT AGREEMENT

AFTER-SCHOOL

MARTIAL ARTS

SUMMER CAMP

Student's Name(s): _____

Birth Date(s): _____

Parent/Legal Guardian *if under 18 years of age*: _____

Address: _____ City/State/Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Please list student's medical conditions or other special conditions that may interfere with physical exercise:

Tuition Schedule

Martial Arts \$_____/month After-school \$_____/week Summer Camp \$_____/week

The undersigned agrees to pay the tuition payable per week/month until the agreement is cancelled by either party with a thirty-day notice. Payments will be made to Martial Arts Plus.

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 administrators and its assigns from any and all liability claim for personal injuries, consortium or suffering known or unknown which may be sustained by _____ in connection with and in course of receiving this school training and participating in this school activities which may include tournaments and field trips. The undersigned assumes all the risks inherent and seldom to this type of sports activity and/or daily camp and after-school activities as a condition for applying for admission to this school for the purpose here and above stipulated. Parent(s) or legal guardian(s) of minor participants (age 17 or below) additionally agree that they instruct the minor participant to the above warnings and conditions and their ramifications, and that they consent to the minor's participation. _____

DISCIPLINE POLICY & INFLUENZA BROCHURE

For after-school & summer camp students

I have read and understood the Martial Arts Plus' Discipline Policy and will discuss it with my child. _____

The Influenza Virus Brochure has been made available for my family. _____

If your child is a student in the after-school and/or summer camp program please list the names of the persons permitted to pick up your child from our facility:

Accepted by:

Martial Arts Plus _____

Student/Legal Guardian *if under 18 years of age*: _____

E:MAIL: _____