

# PURE MARTIAL ARTS FITNESS ACADEMY, INC.

## PROGRAM ENROLLMENT FORM



PROGRAMS
<input type="checkbox"/> Tang Soo Do (Adult \ Child)
<input type="checkbox"/> Haedong Kumdo \ Hapkido
<input type="checkbox"/> Cardio-Kickboxing
<input type="checkbox"/> Black Belt Club
<input type="checkbox"/> Master's Club
<input type="checkbox"/> Family Plan
<input type="checkbox"/> Camp ( <input type="checkbox"/> Winter, <input type="checkbox"/> Spring, <input type="checkbox"/> Summer)

MEMBERSHIP
<input type="checkbox"/> Masters Club <small>(5 Classes/wk)</small>
<input type="checkbox"/> Black Belt Club <small>(4 Classes/wk)</small>
<input type="checkbox"/> Regular Mem <small>( ) 1 Class ( ) 2 Classes ( ) 3 Classes</small>
<input type="checkbox"/> Multi-Member
<input type="checkbox"/> Tiny Tiger
<input type="checkbox"/> Private Classes
<input type="checkbox"/> Family Additional

SPECIALS

Uniform Sz. \_\_\_\_\_

**\$25 Registration Fee (Non-refundable)**

Name:		ID Card#	D.O.B.	Age:	Gender:	Race:	
Address:				City:		ST:	Zip:
School and Address:			Bus #:	Height:	Weight:	Shoe Size:	Waist:
Teacher's Name:		Room#:		Grade:	Grade Average: A B C D E F		
Were you a student at P.M.A.F.A. or M.A.A.D. before? Y / N. If yes, reason for leaving?						Current Rank:	
Days Attending: M T W Th F S		School Location: <input type="checkbox"/> Bridgeport <input type="checkbox"/> Derby			Occupation:		
Parents Name				Occupation:		Single Parent Y/N:	
Home Tel.			Work Tel.		Mobile Tel.		
Drivers. License. #:		ST:					
Start Date:		Fee:		First Test Date:		E-mail:	
Child Lives With: Both Parents [ ] Mother [ ] Father [ ] Grandparent(s) [ ] Guardian [ ] Other [ ]						Name and Contact Info:	
<u>Your child will not be released to anyone other than who is listed below without prior authorization. You may update this form as necessary.</u>							
<b>(1.)</b>		<b>(2.)</b>		<b>(3.)</b>		<b>(4.)</b>	

Do you have any physical disabilities? If yes, explain.		Emergency Contact:	Relation:	Contact Information:
Doctor's Name:		Address:		Tel#:
Health Insurance Carrier:		Member or Policy #:		Notes:
Date of Last Physical:	How did you hear or find out about it? <input type="checkbox"/> Referral <input type="checkbox"/> Vehicle Ad <input type="checkbox"/> Surfing Internet <input type="checkbox"/> Phone Book <input type="checkbox"/> Posted Sign – Where about? <input type="checkbox"/> Other – Explain?			
What is your goal for taking this program?				
What are your expectations?				
Today, if you had the ability to defend yourself at the onset of a confrontation, would you finish the antagonist quickly or what would you do?				
On a scale of 1 to 10, 10 being the highest, what is your commitment level to this program?				
Why did you choose this academy of Martial Arts?				

## MEMBER PAYMENT PLAN, RESPONSIBILITIES, AND AGREEMENT

Please initial ALL boxes below after reading each paragraph.

Initial Here

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In case of an accident, the Instructor shall immediately report any accident involving a minor to a parent or guardian of the child. The parent or guardian must have his or her own insurance coverage on any child taking this Martial Arts course or any other program affiliated with this dojo. Also, I understand that in case of an accident the Instructor will administer first aid from a first aid kit.

Initial Here

When a student has a contagious illness (Flu, Ring worm, Air borne illnesses, etc...), upon notification they are expected and encouraged to be out temporarily. However, if a student injures him or herself outside of class or inside of class, that injury is not an excuse to stay out of class. Learning occurs at all levels; even when one has a broke or strained limb, their ability to understand, teach, and learn remains in tack. Students are expected to continue their classes.

Initial Here

This membership agreement is based on an annual agreement unless otherwise specified, which means that your fee will remain the same over the term. This also means that the tuition is based on the term and payments must be fulfilled in a timely manner as described in this agreement. Failure to fulfill the prescribed payment agreement will result in late fees and/or reporting to the Credit Bureau. If a student is absent for 1 month or more of the specified term, all delinquent membership fees must be paid in full before reinstatement. . **If the student is absent for 5 days or more without notification, they will be considered a dropout and filed as such.** The student/parent will have to fill out a reinstatement form and pay an administration fee of \$20 . If the absence is for two months or more, then new start-up fees and monthly rates will apply.

Initial Here

**Membership Dues are due and payable on the 4<sup>th</sup> of the month. There will be a late fee of \$15.00 charged for payments received after the 5<sup>th</sup> of the month. After the 5<sup>th</sup> of the month, a \$5 additional late fee will be added at the beginning of every 5 days Membership Dues are outstanding. There will be a \$37 fee imposed for returned drafts payable immediately.**

Initial Here

After the 3<sup>rd</sup> day of business from signing this agreement, there will be no refunds. **There will be a Yellow Belt guarantee which means after the first test approximately 4 months after start when the Yellow Belt rank is received, you may cancel your membership with no penalty.** It must be cancelled the day the student receives their promotion,

Initial Here

This agreement is a contract between P.M.A.F.A., Inc. and the Member/Parent/Guardian. This contract is for a \_\_ year \_\_ mos. period starting with the 1<sup>st</sup> monthly draft. **This agreement and payment schedule will remain in full force for the term specified and will automatically renew at the end of the term unless a written non-renewal request is submitted 30 days before renewal.** Without a non-renewal request, you are liable for all fees that will continue to accrue. **A voided check should be submitted within a week after sign-up for our billing company to process monthly drafts.** If a credit card will be used for monthly drafts, there will be a 5% administration fee charged on the draft amount.

By signing below, I agree to the terms of this contract. I also understand that I am now part of a student-teacher relationship that is held with the highest degree of respect and honor, and I will maintain that relationship to the end. I release and hold harmless The School of Pure Martial Arts Fitness Academy, Inc. and any of its representatives from any damages as a result of any injuries sustained while training at the school or with Master Purefoy and/or his associates.

\_\_\_\_\_ I also agree to read the school custom and etiquette outline at least once daily for the first 21 days of enrollment.

\_\_\_\_\_  
Enrollee/Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Master Instructor, 5th Degree

\_\_\_\_\_  
Date