

Kuk Sool Won™ of Dunkirk

10375 Southern Maryland Blvd. #24

Dunkirk, MD 20754

AFTER-SCHOOL APPLICATION

NAME _____

SEX Male /Female D.O.B. ___/___/_____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HM # (____) _____ - _____

WK # (____) _____ - _____

CP # (____) _____ - _____

EMAIL _____

PARENT/GUARDIAN'S NAME

Mom _____

Dad _____

SCHOOL _____

ADDRESS _____

GRADE _____

Time of Dismissal _____

Have you ever taken Martial Arts Before? If so What?

Name of any Persons granted your permission to pick up
your child from Kuk Sool Won™.

Student Enrollment Agreement

I, the parent/guardian on behalf of the student, understand that under the terms of this agreement, the school obligates itself to furnish me with competent instruction and suitable facilities for teaching lessons.

Qualified personnel trained in the procedures and traditions of the Martial Arts supervise all class lessons. The parent/legal guardian hereby represents that the student is physically fit to receive and participate in the prescribed course of instruction. The student agrees to faithfully comply with all the rules and regulations of the school and the traditions of the Martial Arts.

I further agree that the Director of this school, for publicity or promotion can use any pictures taken of or by the student in this program without any compensation to me at this time or at any time in the future.

Injury waiver: The parent/legal guardian on behalf of the student, acknowledges and is fully cognizant of all inherent dangers in connection with the execution of Martial Arts and acknowledges that the execution of Martial Arts requires physical exertion and contact, and realizes that there is a risk of physical injury which may be incurred while engaged in this activity. Parent/legal guardian on behalf of the student, hereby waives any and all claims for any physical injury in connection with this training, at the school or anywhere else, and expressly assumes the risk of all dangers or injury inherent to the Martial Arts and this after school program.

Permission/Release Trip Form

I/We, _____, the legal parent(s)/guardian(s) of _____, grant permission for him/her to be picked up from _____ at ___:_____ time, and taken to Kuk Sool Won™ of Dunkirk.

I/We hold harmless and release KSW™ of the Greater Washington, DC Metropolitan Area and its representatives from any liability, expense, or right to recovery arising out of any incident, accident, or injury which may occur while she/he is being driven to, or participating in any activity associated with this event. I/We also agree to pay for such treatment if necessary.

Our child is not currently under physician's care and has no known allergies;

Our child is on the following medication and/or is being treated for the following medical conditions including allergies:

Health Insurance

Carrier: _____

ID #: _____

SIGNATURE _____

(Parent or Guardian if under 18)

DATE ___/___/_____

I, the parent/guardian, understand that my tuition is arranged to be made in monthly installments of \$_____dollars per month. Any modifications, changes, amendments or cancellations of the student enrollment must be in writing. No oral amendments or modifications are to be made to the student enrollment agreement. I further understand that failure to complete the training does not relieve me of my obligation to pay the tuition in full. This budgeted tuition payment plan is not affected by my training schedule and/or attendance.

I, the parent/guardian, agree to receive and participate in, and the school agrees to teach, a course of Martial Arts. The program goal being Black Belt, in the Martial Arts consisting of a maximum of _____lessons to be taught during a period commencing ___/___/_____, and ending on ___/___/_____.

My Payments will be due on the (check one) ___1st___5th ___10th___15th of each month for the duration of this agreement; the first payment will commence on ___/___/_____.

CREDIT CARD MC VISA
Account Number # _____

Expiration Date ___/___/_____

Name as it appears on card _____

The amount to be debited from my account is \$_____ on the _____ day of each month, commencing on this day of ___/_____.
(month / year)

This authority is to remain in full force and effect until the expiration date of my student enrollment agreement is concluded or the tuition is paid in full. Credit Card declines are subject to \$15.00 return item fee. **Authorized, Agreed and Accepted by** _____
Date ___/___/_____