

WALDORF MARTIAL ARTS

2770 Old Washington Road, Waldorf, MD 20601
waldorfmarialarts@gmail.com www.waldorfmarialarts.com
Health Club Permit E-2613

DATE: _____

Acct. No. _____

2019/2020

TRANSPORTED AFTER SCHOOL KARATE AGREEMENT

I UNDERSTAND that under the terms of this agreement, the school obligates itself to furnish me with competent instruction and suitable facilities for teaching lessons. All class sessions are supervised by qualified personnel trained in the procedures and traditions of the martial arts. The regular hourly tuition is \$50.00 per hour; however, a substantial discount has been provided to me by virtue of enrolling in a regular course.

THE STUDENT hereby represents that he/she is physically fit to receive and participate in the prescribed course of instruction.

I UNDERSTAND that my tuition is arranged to be made in weekly installments and is not affected by my lesson schedule and/or attendance.

I UNDERSTAND and agree that the school will not be held liable for injuries, damages, etc., not caused by or resulting from the negligence ++of the owners, operators, employees or persons in charge of such establishment.

I WILL faithfully comply with all the rules and regulations of the school and the traditions of the martial arts. I further understand that failure to complete the lessons does not relieve me of my obligation to pay the tuition in full.

I ACKNOWLEDGE receiving a copy of this agreement.

AS REQUIRED by General Obligations Law, you have certain rights to cancel this agreement. These are set forth in full on the reverse side of this agreement and are made a part of this agreement. You may cancel this agreement without any penalty or further obligation within three (3) days from the date of this agreement. Notice of cancellation shall be in writing and mailed to the school by registered or certified mail.

Signature

Date

Section 1 Student Information

Child(ren)'s Name(s) 1) _____ M/F 2) _____ M/F

Birthday 1) _____ 2) _____

Address: _____ City: _____ St _____ Zip _____

School Attend 1) _____ 2) _____

Mother's Name: _____ e-mail address: _____

Mother's Address: _____ City _____ St _____ Zip _____

Phones: Home: _____ Work: _____ Cell: _____

Please circle best number to reach you.

Father's Name: _____ e-mail address: _____

Father's Address: _____ City _____ St _____ Zip _____

Phones: Home: _____ Work _____ Cell _____

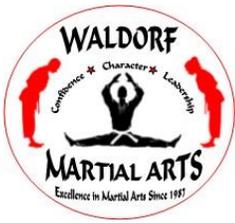
Please circle best number to reach you.

PERSONS ALLOWED TO PICK UP STUDENT FROM WMA OTHER THAN PARENT.

NAME: _____ Phone: _____

NAME: _____ Phone: _____

How did you hear about us? _____



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SECTION 2 – CONSUMER’S RIGHTS

I understand that Waldorf Martial Arts Center is a Martial Arts School and not a Daycare Provider. In as such, their stock-in-trade is not supervision and care. The intent of WTKD, Inc. is to teach martial arts physical and philosophical character-building skills. I understand that WTKD, Inc. is a Martial Arts school and is a drop-in facility in as such my child (ren) is free to come and go. Additionally, if my child (ren) stays at the WTKD, Inc. facility it is because of my direction and not the academy's. _____ (initials)

CONSUMER’S RIGHT TO CANCELLATION

You may cancel this agreement without penalty or further obligation within three (3) days from the date of this agreement and receive full refund of any tuition paid in advance. Notice of cancellation shall be in writing and mailed to the school by certified or registered mail.

1. Our school health club registration number is E-2613.
2. Our school is not required to carry a performance bond under regulations since we do not collect more than three months tuition in advance or an initiation fee of over \$200.
3. You have the right to cancel this contract within three business days after receipt of a copy of this agreement. Cancellation must be in writing, and delivered either in person or by certified or registered mail to the school. You are entitled to a full refund of tuition paid in advance, if this cancellation is received within three business days.
4. If you become disabled for at least three months during the membership terms and that disability is confirmed in writing by a physician, you have a right to an extension of the contract. Since we are exempt from the bonding requirement, we cannot collect payments during a member's disability extension so that we are not holding more than three months payment in advance.
5. If the school is closed for a month or more, you are entitled to your choice of either an extension of the agreement or a prorated refund. If the closing is not the fault of the business, we are entitled to choose.
6. This Notice of Consumer's Rights is an integral part of the Application and Contract for Membership.

_____ (initials)

SECTION 3 --- FINANCIAL AGREEMENT

THE UNDERSIGNED PROMISES TO PAY the amount budgeted in _____ equal weekly installments of \$_____. The first weekly installment being due ____ / ____ / _____. All subsequent installments due on each Friday to be paid **DIRECTLY** to **WALDORF MARTIAL ARTS** until paid in full. _____ **Initial**

- ❖ All tuition will be paid in advance on Friday before the start of the following week. Payments are expected to be made via EFT. There is an additional charge for weekly Over-the-Counter payments.
- ❖ More than 2 occurrences of Non Sufficient Funds will result in a higher weekly tuition OR expulsion from program. NSF of \$35.00 will be charged in addition to \$10.00 after 4 days late.
- ❖ Accounts in arrear more than 2 weeks will result in child not being picked up until account is current.
- ❖ I understand that I must give 2 weeks written notice of early cancellation. Tuition will be due for those 2 weeks.
- ❖ Accounts will not be charged tuition for the week of Winter Break (while the school is closed).
- ❖ Tuition already debited will not be refunded due to expulsion for behavior.
- ❖ Further I understand that any additional fees, (i.e. Transportation Fees, Late Pick Up Fees, and Non-sufficient Funds Fees) will be automatically debited from this account. Written notice will be provided of all such fees.
- ❖ Registration Fees are not refundable.
- ❖ Any collection fees incurred will be the responsibility of the signatory.
- ❖ Your prompt payment is expected and appreciated. _____ (initials)

Electric Funds Transfer Authorization: (attach check)

Credit Card Info:

Bank Name: _____
Routing # _____
Acct # _____

Name on Card: _____
Account # _____
Expiration Date & CVV _____
Billing Address: _____