

WALDORF MARTIAL ARTS

2770 Old Washington Road, Waldorf, MD 20601

waldorfmartialarts@gmail.com www.waldorfmartialarts.com

Health Club Permit E-2613

DATE:

Acct. No. ______

2023-24 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 Stude	nt Informati	on		
Child(ren)'s Name(s) 1) _	M/F	2)			M/F
Birthday 1)		2)			
Address:	City:		St _	Zip	
School Attend 1)		2)		 	
lother's Name:	e-mail addre	ss:			
Mother's Address:	City		St	Zip	
Phones: Home:	Work: Please circle best nu	Cell: mber to reach	you.		
ather's Name:	e-mail addres	s:			
ather's Address:	City		St	Zip	
hones: Home:	Work	Cell		· · · · · · · · · · · · · · · · · · ·	
EDOONO ALLOWED TO	Please circle best nu		•		
	PICK UP STUDENT FROM WMA			<u> </u>	
IAME:	Phone:				
NAME:	Phone:				

SECTION 2 – CONSUMER'S RIGHTS

I understand that Waldorf Martial Arts Center is a <u>Martial Arts School</u> and <u>not a Daycare Provider</u>. 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

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.

- Our school health club registration number is E-2613.
- 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 2. an initiation fee of over \$200.
- 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.
- 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.

closin	g is not the fault of the business, we are entitled to choose. Notice of Consumer's Rights is an integral part of the Application and Co		
	SECTION 3 FINANCIAL	AGREEMENT	
THE UND	ERSIGNED PROMISES TO PAY the amount budg	eted in	equal weekly installments of
\$	The first weekly installment being due/	/ All subs	equent installments due on each
Friday to be	paid DIRECTLY to WALDORF MARTIAL ARTS until pai	d in full.	
			Initial
	 All tuition will be paid in advance on Friday before the st made via EFT. There is an additional charge for weekly More than 2 occurrences of Non Sufficient Funds will reprogram. NSF of \$35.00 will be charged in addition to \$35.00 will result in child I understand that I must give 2 weeks written notice of early Accounts will not be charged tuition for the week of Winter Tuition already debited will not be refunded due to expulsio Further I understand that any additional fees, (i.e. Transpor Fees) will be automatically debited from this account. Writt Registration Fees are not refundable. Any collection fees incurred will be the responsibility of the Your prompt payment is expected and appreciated. 	Over-the-Counter sult in a higher wee 0.00 after 4 days la not being picked up cancellation. Tuition Break (while the sch n for behavior. tation Fees, Late Pice en notice will be pro-	payments. kly tuition OR expulsion from ate. p until account is current. n will be due for those 2 weeks. ool is closed). ck Up Fees, and Non-sufficient Funds
	Electric Funds Transfer Authorization: (attach check)		Credit Card Info:
Bank Name:_	·	Name on Card:	
Routing # _		Account #	
Acct#		Expiration Date	& CVV

Billing Address:

Rev: 8/18/2023