

MADISON MARTIAL ARTS ACADEMY

Enrolment Application

P.O. Box 2015 Richmond, Kentucky 40475 Phone # (859) 248-6131 E-Mail: mmaa@shaolin-mmaa.org

SCHOOL CODEST	TUDENT NUMBE	R	7	h
EXTENSION R	ENEWAL	CREDIT CARD #		L.
Expiration Date: Code		Card)	- 75.7	N
74	-		. 4 4	-
STUDENT NAME Last		First	Middle	_
PAYEE'S NAME Last		First	Middle	
ADDRESS	CI	ТҮ		
STATEPOST CO	DDE			
D.O.B. (Mon	th), (Da	ay), (Year	r)	
E-Mail:				
PHONE # Home	Work		MOBILE	
Semester: 1, 2, 3	,4	j	BLACK BELT CLUB:	
Semester COMMENCE	Semeste	er FINALIZED:		
Number of Lessons				

Course Price (Inc Tax) \$ _		Instalment \$ Value \$	
Down Payment \$		# Instalments	
Unpaid Balance Sundry Charges Total Budgeted Tuition	\$ \$ \$	Due Date 5th First Installment Due Last Installment Due	20th
instalments on the design		TISES TO PAY the "Total Budge onsecutive month to be paid DIRI full Initial hear	

STUDENT ENROLLMENT AGREEMENT

I understand that under the terms of this agreement, the school obligates itself to furnish me with competent Instructors and suitable facilities for teaching lessons. Qualified instructors personally trained in the procedures and traditions of the Martial Arts supervise all class sessions..

The Student hereby represents that he/she is physically fit to receive and participate in the prescribed course of Instruction.

I will <u>faithfully comply with all the rules and regulations of the School and the traditions of</u> the Martial Arts.

I understand that my tuition is arranged to be made in monthly instalments and is not affected by my lesson schedule and/or attendance.

I understand that the academy is closed on **Public Holidays**.

I further understand that failure to complete the course of training does not relieve me of my obligation to pay in full.

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 accept that payments presented against accounts with insufficient funds will be automatically reprocessed 15 (fifteen) days later. In addition, a return item or non-honor fee of \$10.00 (ten dollars) will be charged to the student.

I acknowledge receiving a copy of this agreement.

NOTICE OF CONSUMER RIGHTS

- 1. You may cancel this agreement without any penalty or further obligation within 3 (three) days from the date of this agreement. Notice of cancellation shall be in writing and mailed to the school by registered or certified mail.
- 2. If you become disabled for at least 3 (three) months during your membership term and that disability is confirmed in writing by a physician, you have the right to an extension and/or termination of this agreement.
- 3. If you move or change residence to a location more than 25 miles from the School, or any other School operated by the School Owner, you may be eligible for termination of this agreement provided that you supply both written proof of the new permanent address and 30 (thirty) days advance written notice.
- 4. You may apply for Early Termination of this Agreement. All such requests must be in writing, giving at least 30 (thirty) days advance notice and a \$50.00 early termination fee applies in all cases. Acceptance of early termination requests is at the sole discretion of MADISON MARTIAL ARTS ACADEMY, INC
- 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 prorated refund, except if the closing is not the fault of the facility, in which case the choice of remedy is the School's.
- 6. PHOTO, VIDEO, AUDIO RELEASE. The Buyer agrees that SELLER may take photographs and may make video and audio material of Student's classes and schools events, and that these materials may be used for display, promotion and/or advertising, or sold for profit, and the Student hereby waives any compensation to which they may otherwise be entitled for appearing in such materials.
- 7. This Notice of Consumer's rights is an integral part of the Application and Agreement for Membership.

Student Name (Sign	n)	M.M.A.A. Offici
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