

HOOVER KARATE ACADEMY, INC.

610-336-9699/WWW.HOOVERKARATE.COM/INFO@HOOVERKARATE.COM

RELEASE OF ALL CLAIMS

The undersigned hereby acknowledges the martial arts as a physical activity involving physical contact and the potential for the risk of bodily injury. The undersigned knowingly and voluntarily waives all rights of action against Hoover Karate Academy, Inc., its owners, officers, employees, instructors, and all other students on school premises and the areas adjacent thereto in the event that bodily injury occurs. The undersigned shall be solely responsible for his/her own costs of medical treatment arising from, out of, or as a result of injuries sustained from any participation in the martial arts at a school operated by Hoover Karate Academy, Inc. Additionally, the undersigned acknowledges that the student is in adequate physical condition to participate in a martial arts class at a school operated by Hoover Karate Academy, Inc.

I HAVE READ THE FOREGOING MATERIAL AND VOLUNTARILY SIGN THIS RELEASE OF ALL CLAIMS. I ACKNOWLEDGE THAT, BY SIGNING THIS AGREEMENT, I WAIVE ANY RIGHTS AGAINST THE HOOVER KARATE ACADEMY, INC., ITS OWNERS, OFFICERS, EMPLOYEES, AGENTS, INSTRUCTORS, INDEPENDENT CONTRACTORS, AND OTHER STUDENTS. I AM AWARE THAT BY SIGNING THIS AGREEMENT, I WAIVE MY RIGHT TO FILE OR MAINTAIN ANY LEGAL ACTION AGAINST ANY OR ALL OF THE AFOREMENTIONED. I UNDERSTAND THAT, IN THE EVENT THAT THE STUDENT IS A MINOR, I SIGN THIS RELEASE OF ALL CLAIMS AS THE STUDENT'S PARENT OR LEGAL GUARDIAN. THIS RELEASE OF ALL CLAIMS SHALL BE BINDING UPON AND EFFECTIVE ON BEHALF OF ALL OF THE UNDERSIGNED AND EACH OF THEIR HEIRS, EXECUTORS, AND ADMINISTRATORS.

(STUDENT NAME)

(STUDENT SIGNATURE)

(PARENT/LEGAL GUARDIAN SIGNATURE IF CHILD IS UNDER 18)

(DATE)

HOOVER KARATE ACADEMY, INC.

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REGISTRATION POLICY

A ONE-TIME, 90-DAY ADVANCE TUITION PAYMENT, AS WELL AS \$25 REGISTRATION FEE (PER STUDENT) IS REQUIRED FOR ALL NEW STUDENTS. PAYMENT IS NON-REFUNDABLE AND REQUIRED IN FULL AT THE TIME OF REGISTRATION. PAYMENT IS DUE AND PAYABLE BY THE END OF EACH MINDBODY EXPIRATION DATE ON YOUR ACCOUNT, WHICH WILL BE DETERMINED UPON COMPLETION OF A STUDENT'S COMPLIMENTARY CLASS(ES) AT HOOVER KARATE ACADEMY, INC. A VALID CREDIT CARD NUMBER IS REQUIRED TO BE KEPT ON FILE FOR ALL ACTIVE STUDENTS, AND HOOVER KARATE ACADEMY, INC. RESERVES THE RIGHT TO AUTOMATICALLY BILL TUITION TO THIS CARD IN THE EVENT THAT PAYMENT HAS NOT BEEN RECEIVED BY THE TIME YOUR MINDBODY MONTHLY PACKAGE EXPIRES.

STUDENT NAME _____

PERSON RESPONSIBLE FOR TUITION PAYMENTS _____

RELATIONSHIP TO STUDENT _____

CELL # _____ EMAIL _____

INITIAL PAYMENT CREDITED TOWARD _____, 20____.

ELIGIBLE FOR MONTHLY PAYMENTS _____, 20____.

I UNDERSTAND AND ACCEPT ALL TERMS OF THE REGISTRATION POLICY. ADDITIONALLY, I AUTHORIZE THE FOLLOWING CREDIT CARD INFORMATION TO BE KEPT ON FILE AT HOOVER KARATE ACADEMY, INC. I UNDERSTAND THAT PAYMENTS ARE DUE AND PAYABLE BY THE END OF THE MONTHLY EXPIRATION DATE OF MY ACCOUNT. I AGREE TO ALLOW HOOVER KARATE ACADEMY, INC. TO BILL TUITION PAYMENTS TO THIS CREDIT CARD IN THE EVENT THAT TUITION HAS NOT BEEN RECEIVED BY THE TIME MY MINDBODY MONTHLY PACKAGE EXPIRES.

X _____

CARD NUMBER _____

EXP. DATE _____ SEC. CODE _____ NAME ON CARD _____

_____ ENROLL ME IN AUTOMATIC BILL PAYMENTS!

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STUDENT INFORMATION FORM

STUDENT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL # _____ EMAIL _____

GENDER _____ AGE _____ D.O.B. _____

KNOWN ALLERGIES AND/OR MEDICAL CONDITIONS _____

IF MINOR,

MOTHER'S NAME _____ CELL # _____

FATHER'S NAME _____ CELL # _____

EMERGENCY CONTACT INFORMATION (OTHER THAN SELF/PARENT)

NAME _____ CELL # _____

RELATIONSHIP TO STUDENT _____

ENROLLMENT INFORMATION (OFFICE USE ONLY)

1ST TRIAL DATE _____ 2ND TRIAL DATE _____ ENROLLED ON _____

CURRICULUM (AT TIME OF ENROLLMENT) _____