****UNITED TANG SOO DO FEDERATION

ENROLLMENT AGREEMENT

Branch: **9Figures Sports Academy** No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Agreement is executed the date shown below by and between 9Figures Combat and the Enrollee, who has caused his/her signature to be affixed hereto. The Enrollee hereby engages and employees 9Figures Combat to teach him/her martial arts and agrees to compensate 9Figures Combat for instructional service rendered, the fee listed below. If Enrollee defaults in the making of any payment due hereunder, or any part thereof, 9Figures Combat may at its option without notice or demand, render the then unpaid balance immediately due and payable. Enrollee will be liable for all costs of collection, including attorneys’ fees.

9Figures Combat in consideration of said fee accepts and agrees to teach martial arts at its place of business during scheduled hours of instruction or during hours to be arranged between 9Figures Combat and Enrollee.

MEDICAL HISTORY General Health (please check one): Excellent Good Fair Poor

Do you have or were you ever treated for (please check all that apply): Date of last Physical Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Heart Trouble Asthma or Hay Fever Diabetes Rheumatic Fever Liver or Kidney Disease

 Ulcers Prolonged Bleeding Abnormal Blood Pressure Lung Disease

WAIVER OF LIABILITY: The Enrollee acknowledges as explained to him/her by a 9Figures Combat officer the procedures and exercises involved in martial arts instruction and participation. The Enrollee understands that there is a risk of personal injury involved in said course of instruction and with this knowledge agrees to indemnify and save harmless 9Figures Combat from all losses caused by accident or injury to the Enrollee or to third persons who may be Enrollees of 9Figures Combat, in the event that either the Enrollee or said third person is injured in any way during the performance and execution of martial arts instruction. Because of the physical demands of martial arts instruction, Enrollee understands that he or she must be in good physical condition to participate in said instruction and hereby certifies that he or she is in good physical condition.

In the event that all the provision of agreements herein contained are declared to be unenforceable by reason of any statute or applicable rule of law, such offending provisions shall be void, but the remainder of the terms, promises, covenants, conditions and agreements herein contained which remain shall be valid and binding.

Signature of Parent or Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION OF SERVICES

Length: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Fee of Course $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beginning Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Less Cash Down Payment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Charge $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Unpaid Cash Balance Due $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Payor’s Name and Social Security Number (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payor’s Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTICE OF CONSUMER’S RIGHTS TO CANCELLATION

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

2. If you become disabled for at least three (3) 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.

3. If the school is closed for a month or more, you are entitled to your choice of either an extension of the contract of prorated refund, except if the closing is not the fault of the facility, in which case the choice of remedy is the school’s.

Signature of Parent or Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_