



2019 WISC Martial Arts

Terms of Commitment, Payment Guidelines



Athlete's Name: _____ **Class Start Date:** _____

- _____ Tuesday & Thursday 5:15-6:00pm Skillz - - - - - Ages 5-7
- _____ Tuesday & Thursday 6:00-7:00pm Novice - - - - - Ages 8-12
- _____ Monday , Wednesday 6:00-7:00pm, Intro To Karate - - - - - Ages 8-12
- _____ Tuesday, Thursday 7:00-8:00pm Adult Karate - - - - - Ages 13-Adult

Period Term: January 1, 2018 - December 31, 2018

Monthly Tuition Fee: **Individual** **\$50 Member** **\$80 Non-Member**
 (up to 5) **Family** **\$90 Member** **\$125 Non-Member**

About the Class: Seikukan Martial Arts offers Japanese Shorinjii Ryu Karate based martial arts classes for all ages and abilities. Learn fitness, awareness, safety & personal protection skills, and self discipline through martial arts training. Progressive development through a traditional structured belt system gives students of all ages a model for personal progress and accomplishment.

Payment Schedule: Payments will be deducted on the first (1st) of the month. You will be rolled over to the month billing unless you give us 30(thirty) days cancellation notice.

Cancellation Policy: A cancellation form must be filled out at the front desk 30-days before cancellation.

Types of Payment: Discover, Visa or MasterCard

Please note: Members wishing to take personal time off when regular training is scheduled; tuition fees will not be waived or pro-rated, unless authorized by Management.

Medical Issues: In the event of an injury, extended illness or other special medical circumstances lasting more than a month in length, an athlete may request in writing to WISC Management to waive fees for lost time. A medical note must accompany the request from a physician, indicating the nature of the injury and the expected time of recovery.

Parent Release Form for Media Recording

I, the undersigned, do hereby grant permission for WISC to use the image of my child (child's name) _____ .Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the WISC Web site and Facebook pages.

Parent/Guardian

Signature _____ Date _____



2019 WISC Martial Arts Registration Form



(Please Print)

Provide us with the email address you check frequently!

Child's Name (First, Last) _____

Age: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Work Phone: (____) _____ Home Phone: (____) _____ Cell Phone: (____) _____

Parent's Name: _____

(First, Last)

Work Phone: (____) _____ Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Parent's Name: _____

(First, Last)

Work Phone: (____) _____ Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Emergency Contact: _____

Emergency Contact Phone: (____) _____

Payment Information

Credit/ Debit Card Information: (required)

Card Type: VISA

MASTERCARD

Account Number _____ 3 Digit Security Number _____

Expiration Date (MM/YY) _____

Card Holder Name _____

Billing Address _____

City _____ State _____ Zip _____

Office Use

Date Enrolled _____ Payment Schedule Created _____ Staff _____ Double Checked by _____



WAIVER AND RELEASE

Williamsburg Indoor Sports Complex

INDIVIDUAL AGREEMENT: I intend to use or participate in some or all of the activities, facilities, equipment, programs and services offered at or by Williamsburg Indoor Sports Complex LLC ("WISC"). WISC's facilities are below referred to as "the WISC".

1. In consideration of gaining membership or being allowed such use or participation at WISC, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge WISC and its owners, officers, agents, employees, representatives, executors, successors and assigns from any and all responsibilities or liability for injuries or damages resulting from any participation in any aspect of any activities or programs or my use of equipment or machinery in WISC's facilities or arising out of any activities or events occurring at the WISC.

Please Initial _____

2. I understand and am well aware that strength, flexibility, fitness, exercise and sports activities, including the use of equipment, is potentially hazardous and there is the risk of injury and even death. I also understand that everyone (including myself) has a different capacity for participating in physical activities. I am also aware that all activities, facilities, programs and services at the WISC are either educational, recreational, social, or self-directed in nature. Knowing that, I agree that my participation in any and all of the activities at WISC is strictly voluntary and has not been requested or required by WISC. I further agree that my participation in any and all of the activities at WISC is at my own risk and that I assume any and all risk of injury, illness, damage or loss that might result. I also agree to assume all risk of damage, loss or theft to or of any of my personal property.

Please Initial _____

3. I hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities at the WISC. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate in these activities, programs, facilities and services at the WISC, or that I have decided to participate without the approval of my physician. Accordingly, I do hereby assume all responsibility for my participation in such activities, programs, facilities and services, as well as for my use of any and all equipment and machinery in connection with them.

Please Initial _____

4. Finally, I understand that the activities, facilities, equipment, programs and services offered at the WISC may sometimes be conducted by persons who may not be knowledgeable, licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of WISC employees, agents, representatives or volunteers will vary according to their training and experience. I also understand that no claim has been or is being made by WISC to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and employed by WISC to provide such professional services.

Please Initial _____

PARENT/GUARDIAN-CHILD AGREEMENT: I am hereby giving my consent and permission for my child/children (List child/children's names in the lines provided.)

to be an active member of the WISC and to participate in the activities and programs for which they are registered. I understand that under certain circumstances they will be able to workout or participate in activities without direct supervision. I acknowledge that I am responsible for their actions, and that if they are not demonstrating proper usage of machines, facilities or equipment or exhibiting proper behavior, they will face appropriate disciplinary actions. I understand that WISC is a family atmosphere and that my child/children need my support, motivation, encouragement and supervision to succeed in a fitness or sports program, and I agree to provide it.

Participant Name: _____ Date: _____
(Please Print)

Participant's Signature: _____ Date: _____
(If member is under 18 - Parent's Signature)

WISC Representative: _____ Date: _____