



## Student Enrollment Form and Waiver

Student Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City, State Zip

Email: \_\_\_\_\_

- Yes - Sign Me Up!... for news and special offers  
 No thank you

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_  
(if student under 18)

Contact \_\_\_\_\_ Phone \_\_\_\_\_  
(in case of emergencies)

Contact Relationship to Child: \_\_\_\_\_

**Release of Liability.** I understand that strict observation by me, of the rules and regulations of FUSION MARTIAL ARTS including the use of protective equipment, will largely eliminate the possibility of accident or injury, and I hereby represent that I am physically fit to take the prescribed course of instruction and that I have had an opportunity to observe and participate in a martial arts lesson prior to the signing of this agreement. I have chosen and voluntarily agree to use the facilities, equipment and resources provided by FUSION MARTIAL ARTS at my own risk with knowledge of the risks involved. I further understand and agree that I release from liability and waive any and all claims or actions for personal injury or death or property damage or loss against Fusion Gymnastics Center and FUSION MARTIAL ARTS, its owners, officers, operators, employees and affiliated persons, whether caused by the fault, negligence, omission, or any other act however caused, of FUSION MARTIAL ARTS and Fusion Gymnastics Center.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if student under 18)

# BILLING FORM



## TUITION

Initial Registration Fee \$ \_\_\_\_\_

Course Price: \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_  
(subtract)

Balance (unpaid) \$ \_\_\_\_\_

Installments \$ \_\_\_\_\_  
(Amount per month)

Start Date of Billing \_\_\_\_\_

End of Billing \_\_\_\_\_

Monthly Payments  
(Electronic Funds Transfer)

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Code (on back)

Type  Mastercard  Visa

Amer Exp  Discover

## BILLING AGREEMENT

I understand and agree to pay FUSION MARTIAL ARTS the monthly payments listed with the first payment due on the 10th of the month and subsequent payments on the same day of each consecutive month thereafter, until payments for the course as described above is completed or until I or FUSION MARTIAL ARTS terminate this agreement.

Being a student of the facilities operated by FUSION MARTIAL ARTS, I will comply with all the rules and regulations of the programs. Failure to take the lessons in the allocated time, without written approval from FUSION MARTIAL ARTS invalidates the lessons beyond the expiration date. Lessons are typically not conducted on Sundays, national holidays, or examination days.

**CANCELLATION:** I understand that I may cancel this agreement without any penalty or further obligation within three business days after the date of this agreement., excluding Sundays and holidays. After three days, I may cancel this agreement at any time with a (2) two month advance notice, unless I have a tuition contract. Notice of cancellation shall be in writing and mailed to:

**FUSION MARTIAL ARTS, 10 CITATION LANE, LITITZ PA PA 17543**

**RETURN CHECK FEE:** I understand that I will be charged a returned check fee of \$20.00, and when applicable, a late charge as well.

**Late Fee:** If monthly payment is more than 5 days past due, a late fee of \$5.00 will be charged.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if student under 18)