



PUGARITA KARATE DO

"WHERE TRADITION IS FOUND"

Enrollment Agreement

KARATE STUDENT	
NAME	
MIDDLE INITIAL	
LAST NAME	
ADDRESS	
CITY,STATE,ZIP	
HOME PHONE	
CELL PHONE	
EMERGENCY CONTACT	
CONTACT PHONE	
PARENT/GUARDIAN INFORMATION	
NAME	
HOME ADDRESS	
CITY,STATE,ZIP	
HOME PHONE	
CELL PHONE	
EMAIL	

If the applicant is under eighteen (18) years old on this day, he/she must obtain parental or legal guardian approval. By submitting this enrollment form on behalf of a minor child I expressly represent that I am the parent or legal guardian of the child and I clearly understand the conditions in sponsoring the Applicant's moral, physical and financial capability, and acknowledge the terms and conditions as set forth in this release and waiver, as well as the terms and conditions set forth in the PUGARITA KARATE DO LLC. Membership agreement.



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Release and Waiver:

- I am in good physical condition and have no disability, illness, or other condition, whether it be physical or emotional, that could prevent me from exercising and practicing without injuring myself or impairing my health.
- I have consulted a physician concerning an exercise program that will not risk injury to myself or cause impairment to my health. The medical fact sheet which I have provided is complete and accurate and I agree to provide updates as necessary.
- I understand that practice of these techniques involves inherent risk of injury to persons and/or property. All participation in training techniques, use of these facilities, services, programs, and premises are undertaken by me at my sole risk, which I hereby assume.
- I further warrant and represent that I have had an opportunity to observe the activities of PUGARITA KARATE DO LLC.; and understand the risks associated with these activities. I voluntarily assume the risks associated with my participation.
- I hereby release, hold harmless, and agree to indemnify PUGARITA KARATE DO LLC., Frank Pugarita, and any other person or organization associated with this program from liability caused by my actions in the PUGARITA KARATE DO LLC. Karate program.
- I will not hold these entities/people responsible for any claims, demands, injuries, damages, actions, or causes of action whatsoever, to person or property, including, but not limited to, any claim of negligence or gross negligence arising out of, or connected in any manner with, my participation in this program. This includes, among other things, participation in training, the techniques, the use of the facilities, premises, services, or any other program or services offered by the Dojo.
- I fully understand and voluntarily consent to the terms and conditions of this agreement and I fully certify the information provided is accurate and that I will promptly provide notice of any changes.
- I understand and agree that Sensei Frank Pugarita or his designated representative has the right to terminate my enrollment in the PUGARITA KARATE DO LLC., at their sole discretion, determine that my continued attendance in the program is not in my best interest or the best interest of the PUGARITA KARATE DO.
- I agree to allow PUGARITA KARATE DO to use photos or video footage taken of myself, my child, my family and/or any caregiver of my children in the dojo or at PUGARITA KARATE DO sponsored events for archival and publicity purposes without prior notice to me and without requiring any additional approval for such use. I expressly waive any right to compensation.

Member / Parent / Guardian Signature

Print: _____

Signature: _____

Date: _____



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Drop off/Pickup Policy:

- Parent or legal guardian agrees to be responsible for drop-off and pickup of the child participating in the youth fitness program and to supervise the child at all times prior to and after his or her session.
- Children are to be dropped off no more than 15 minutes before the scheduled program begins.
- Children are to be picked up no more than 15 minutes after the scheduled program ends.
- PUGARITA KARATE DO LLC are not responsible for children before or after the program session.
- Children are to be dropped off and picked up in designated program areas only.
- Non-member guardians who drop off or pick up children may not use any fitness area of the dojo.
- Unattended children outside of the designated program areas are strictly prohibited.

Sickness Policy:

- Please keep sick children at home. PUGARITA KARATE DO reserves the right to send a sick child home at the individual instructor's discretion..
- PUGARITA KARATE DO is food allergy aware and endeavors to maintain a safe environment for its participants, especially its Youth Program Participants. This requires the commitment and cooperation of all participants. Therefore, please do not bring peanuts, nuts or anything containing nut ingredients into the dojo or the surrounding area.

PUGARITA KARATE DO, LLC shall not be liable for any claims, demands, injuries or causes of action whatsoever, to person or property, arising out of or connected with the use of any of the services or facilities.

Member / Parent / Guardian Signature

Print: _____

Signature: _____

Date: _____



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Payment Agreement:

- Tuitions is due every 1st of the moth.
- I agree to pay a monthly fee of \$_____.
- I will be responsible for an additional private monthly charge if I decide to take private lessons.
- I agree to pay for all tournaments, belt test and seminars I enroll to participate in PUGARITA KARATE DO LLC.
- I understand PUGARITA KARATE DO program's monthly fees are non-negotiable and non-refundable.
- I understand PUGARITA KARATE DO LLC. Reserves the right to assign alternate instructors.
- I understand that if a I take a leave of absence for a minimum I need to provide written notice to PUGARITA KARATE DO LLC. TO stop collection at least 10 days prior event.
- I understand that there is a \$25 charge for any late payments, 10 days after de tuition is due is consider late, also any rejected credit cards will be charge the fee.
- I must notify PUGARITA KARATE DO of my plans to discontinue karate or any other changes in my program in writing by email or in person at least fifteen (15) days in advance, in order to avoid further billing.
- I will be responsible for reasonable attorney fees and collection costs if my account is placed for collections.

I, _____, agree to abide by the policies and procedures as stated above for PUGARITA KARATE DO LLC. and I agree to be bound by all terms, conditions, and additional policies in the enrollment form at PUGARITA KARATE DO LLC.

Member / Parent / Guardian Signature

Print: _____

Signature: _____

Date: _____

Please Check Payment Type:

Visa Master Card Discovery AMEX

3 or 4-digit SEC code _____

Credit Card # _____

Expiration Date: _____

Zip Code _____

PUGARITA KARATE DO LLC,8945 N. WESTLAND DR, GAITHERSBURG,MD 20877