



Enrollment Application

Today's Date: ___/___/___

Student Information

Name: _____ Age: _____ Birth date: ___/___/___

Address: _____ City: _____ Zip: _____

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

Email Address: _____ @ _____ . _____

Parent/Responsible Party Information

Parent/Guardian: _____ Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

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

General Information

Has the student ever studied martial arts before? YES / NO If yes, what style? _____

For how long? _____ Rank achieved? _____ Reason for stopping? _____

What is the reason for wanting to learn here? _____

Are there any particular goals to be achieved while studying? _____

How did you hear of our studio, whom may we thank for being referred? _____

Are there any medical concerns that Villari's or any of our staff need to be aware of? YES / NO

If yes, please explain: _____

I understand that this is a contact sport and that injury is a possible result of any physical exercise/activity. I understand that safety is not the sole responsibility of the instructor or staff. Everybody being taught is responsible for their own safety and the safety of those around them.

I agree to indemnify and hold harmless Villari's their officers, agents, or employees from liability claim or action resulting from, or in any way arising out of, the participation in and activity associated with Villari's by myself and/or my child.

I hereby consent to the use of photographs of myself and/or my child to be used solely for the purpose of publicity for Villari's.

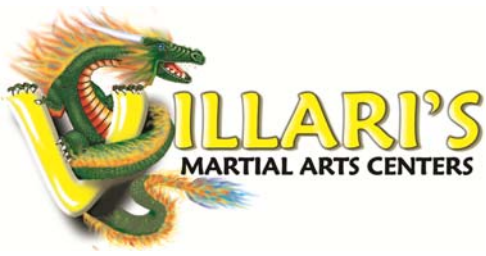
I hereby consent to the treatment of myself and/or my child to any and all medical care deemed necessary by a qualified physician, and to pay any and all medical costs incurred as a result of said treatment.

_____/_____
Student's Signature / Print Name



Parent's/Guardian's Signature/ Print Name

Villari Representative's Signature



Program Choice



Group and Private instruction is available. If Private lessons are chosen, group lessons are included at no additional charge. Please check with the studio instructors, directors or representatives for more information.

Family Program: If two members of the same family are paying, then the rest of the family can study free on the same program the other members are enrolled in. We strongly encourage family participation.

Program Choice: _____ **Total cost: \$** _____

Assigned Instructor: _____ (if applicable)
(Private Lessons)

Payment Options

We accept most forms of payment. Please pay the tuition by the 5th of the month.
If you opt for Auto-Debit, your tuition payment will be processed by the 3rd of the month. We offer EFT for convenience.
If you wish to prepay 6 months in advance, we will offer you an 5% discount. If you wish to prepay 1 year in advance, we offer a 15% discount.
Returned checks will incur a \$25 fee. // Family programs are available.

Villari's reserves the right to cancel, without refund, the agreement of any student, at any time, for violation of the Studio Code of Conduct (see attached appendix A). In addition, Villari's also reserves the right to alter studio days of operations, and classes offered.

The undersigned 'Responsible Party' understands that tuition is due and payable by the 5th of each month. Tuition is due and payable without regard to attendance made or classes missed. Make-up classes will only be provided for private classes missed if a 24-hour advance notice is given.

If at anytime you are paying for monthly tuition via credit card, we request a formal letter to stop monthly payments. We will provide this letter and a copy at your request. Please make sure a staff member has signed your letter as proof of receipt.

Tuition rates above will remain in effect for the length of the pre-paid term selected, Month-to-month agreements' tuition rates are subject to change.

Student's / Guardian's Signature

Date: ____/____/____

Villari Representative's Signature

