

American T.K.A. Universal
Martial Arts Inc
(954)472-2554
8604 State Rd 84 Davie, Fl 33324
www.americantka.com



THIS MEMBERSHIP AGREEMENT HAS BEEN APPROVED BY THE OFFICE OF CONSUMER AFFAIRS OF THE STATE OF FLORIDA.*REG. #LISTED ABOVE.

The federal Equal Credit opportunity Act prohibits creditors from discriminating against applicants with respect to any aspect of a credit transaction on the basis of race, color, religion, national origin, sex or marital status, or age (provided the applicant has the capacity to contract).The agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

(A) BUYER INFORMATION ONLY-TO BE FILLED OUT BY APPLICANT (PLEASE PRINT CLEARLY)

BUYER'S LAST NAME _____ FIRST _____

BIRTHDAY _____ AGE _____ HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

CURRENT MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ SOCIAL SECURITY # _____

PERMANENT ADDRESS IF DIFERENT FROM ABOVE _____

CITY _____ STATE _____ ZIP _____ HOW LONG AT ADDRESS _____

EMPLOYER _____ POSITION _____ HOW LONG _____

WORK PHONE _____

IN CASE OF EMERGENCY, CALL: _____ PHONE: _____

(B) TO BE FILLED OUR BY SCHOOL EMPLOYEE

1. TODAY'S DATE IS ____/____/____ 2.YOUR AGREEMENT BEGINS ON ____/____/____

3.OTHER STUDENT WHO MAY ATTEND:

FIRST LAST DATE OF BIRTH

4. BUYER IS A STUDENT (CIRCLE) YES NO

RENEWAL TERMS:

ROLL OVER TO OPEN-ENDMONTH / at \$ _____ Per Month, starting _____

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RENEWAL TERMS:

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Waiver and release of liability: The school urges you and all students to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise class. All exercises, including the use of weights and use of any and all machinery, equipment, and apparatus designed for exercising shall be at the student's sole risk. Students understands that the agreement to use, or selection of exercise programs, methods and types of equipment shall be student's entire responsibility, and the school shall not be liable to students for any claims, demands, injuries, damages, or actions arising due to injury to student's person or property arising out of or in connection with the use by student of the services, facilities, and premises of the school. Student hereby holds the school, its officers, owners, agents and employees harmless from all claims which may be brought against them by student or on student's behalf for any such injuries or claims.

Student's or Parent Signature _____

- 5. Total sales price is \$ _____
- 6. Amount of enrollment \$ _____
- 7. Remaining Balance to be paid to TKA \$ **OPEN END**

YOUR PAYMENT SCHEDULE WILL BE:

| YOUR PAYMENTS ARE DUE EACH MONTH | NUMBER OF MONTHLY PAYMENTS | AMOUNT OF MONTHLY PAYMENT | FIRST PAYMENT DUE -TKA COLLECT |
|---|-----------------------------------|----------------------------------|---------------------------------------|
| | | | |

DEFAULT AND LATE PAYMENT: Should you default on any payment obligation as called for in this agreement, the entire remaining balance shall be deemed due and payable upon demand, and you agree to pay allowable interest, and all cost of collection, including, but not limited to, collection agency fees, court costs and attorneys' fees. Should any monthly payment become more than 10 days past due, you will be charged a late fee to cover additional administrative expenses and other expenses relate to obtaining your payment. A fee will be charged all returned payments.

NOTICETHIS INITIAL AGREEMENT SHALL BE FOR A PERIOD OF OPEN-END;AMERICAN TKA MUST RECEIVE A THIRTY DAYS WRITTEN NOTICE TO CANCEL THIS AGREEMENT,IF WE DON'T RECEIVE A CANCELLATION LETTER YOUR AGREEMENT STILL OPEN, AND WE HAVE THE RIGH TO COLLECT THAT MONEY. YOU, THE BUYER, ARE ENTITLED TO A COPY OF THIS CONTRACT AT THE TIME YOU SIGN IT.

BUYER'S SIGNATURE: _____

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*I AUTHORIZE MY CREDIT CARD AND/OR BANK ACCOUNT TO BE CHARGED FOR THE AMOUNT DUE PLUS LATE FEES IF APPLICABLE. THIS FORM OF PAYMENT, IF DISCONTINUED DOES NOT RELEASE YOU FROM YOUR PAYMENT OBLIGATION OR KARATE AFTER SCHOOL PROGRAM. 30 DAYS WRITTEN NOTICE IS REQUIRED TO STOP OR CANCEL YOUR AGREEMENT.

INITIALS _____ TYPE _____ CARD# _____ EXP. _____

INITIALS _____ CHECKING ACCOUNT# _____ ROUTING# _____

_____ AMERICAN TKA DOES NOT FREEZE ACCOUNTS, YOU ARE RESPONSIBLE TO ASSIST YOUR CLASSES OR CANCEL THE MEMBERSHIP, IF YOU ARE NOT ABLE TO ASSIST.

_____ I GIVE AUTHORIZATION TO AMERICAN TKA TO PROCESS MY PAYMENTS MONTHLY, IF THEY DON HEAR FROM ME AFTER FIVE DAYS OF PAYMENT DUE.

_____ NO CREDITS OR REFUNDS CAN BE ISSUED ON SERVICES, EQUIPMENT, UNIFORMS OR UNUSED DAYS.

_____ WE DO NOT GENERATE A PAYMENT HISTORY. It is advisable that you keep all of your receipts for tax purposes.

_____ LOSS/DAMAGES/THEFT OF STUDENT'S PROPERTY: AMERICAN TKA UNIVERSAL MARTIAL ARTS DOES NOT ASSUME ANY RESPONSIBILITY FOR THE LOSS, DAMAGE OR THEFT OF ANY PROPERTY BELONGING TO THE STUDENT AND STUDENTS AGREES THAT AMERICAN TKA AND ITS PERSONNEL ARE NOT RESPONSIBLE FOR, OR LIABLE FOR ANY SUCH PROPERTY EVEN IF ITS LOSS, DAMAGE, OR THEFT OCCURS ON OR ABOUT AMERICAN TKA FACILITY.

AUTHORIZATION FOR MEDIA RELEASE:

I ACKNOWLEDGE THAT TKA CHILD PROGRAMS IS A PRIVATE PROVIDER AND UNDERSTAND THAT MY CHILD'S PICTURE MAY APPEAR IN NEWSPAPERS, FLYERS, PARENT BOARD, WEBSITE AND / OR ON TELEVISION AS PART OF MEDIA PUBLICATION ON TKA CHILD PROGRAMS.

I DO AUTHORIZE: _____ (INITIAL) I DO NOT AUTHORIZE: _____ (INITIAL)

PARENT SIGNATURE: _____ DATE: -----

IS THERE ANY INFORMATION THAT YOU THINK AS A PARENT WE SHOULD KNOW?
