



CHARLES JUNE Karate Institute

650 E Fire Tower Rd (252) 7KARATE
Winterville, NC 28590 (252) 752-7283

Student Enrollment Information

Student 1	Student 2	Student 3
Mailing Address		City State Zip Code
Parent/Guardian Name	Home Phone	Cell Phone Work Phone
Email		How did you hear about us?

Waiver and Photo

Waiver: I am aware that students will engage in physical exercise and use of training equipment. Training and instruction can cause injuries and I assume all risk of injuries which may result. I hereby waive and release any claim or right to sue Charles June Karate or any of its staff for student injuries. I also understand and agree that Charles June Karate shall not be responsible or liable for any loss, damage or theft of any property belonging to me or student even if the loss, damage or theft occurs on or around the Charles June Karate property.

Photo Release: Photographs may be taken of students to be used in publications including the Charles June Karate website and/or social media. I hereby consent and release Charles June Karate from any expectation of confidentiality for the student(s) named above. If the student(s) identified is a minor, I further attest that I am the student's parent or legal guardian.

Print Name	Signature	Date
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Terms and Conditions

Class observed date _____ Free trial dates _____

- 12 Month Karate Membership\$95/mo
- Month to Month Karate Membership.....\$105/mo
- Tai Chi Membership (adults)\$65/mo
- Kung Fu Membership (adults)\$45/mo
- Same person - Add on classes.... \$15/month for each
- Automated billing..... subtract \$20/mo
- Add family members (same household)50% off

Monthly Rate	
Student 1	\$
Student 2	\$
Additional	\$
Total Monthly Rate	\$
Billing discounts	\$
Total	\$

Payments: We accept Cash, Check or Visa/MC/Discover. Payments may be made at the school or by automated billing. Monthly payments are due on the first of the month.

Contract Term: You are registering yourself and/or your child(ren) for a six or twelve month membership as indicated in the Student Enrollment Information section above. You are responsible for all monthly payments regardless of your or your child(ren)'s attendance. Refunds/credits are not available. At the end of the initial enrollment period, you will automatically be enrolled on a month to month basis unless/until you terminate your membership in writing or sign a new membership agreement. Early Termination Fee – Terminating your membership prior to the end of your initial enrollment will invoke an early termination fee equal to 1/2 of the sum of all payments remaining in the initial enrollment period. Charles June Karate will provide Martial Arts instruction for you and/or your child(ren) at the times published on the class schedule. This membership enrollment begins on the date signed below.

Print Name	Signature	Date
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Karate Institute

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Credit/Debit Card *Monthly* Recurring Payment Authorization Form

To enjoy the convenience of automatic billing, simply complete and sign this form to get started!

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard or Discover card. Your card will be charged each month for the amount authorized – your regular monthly fee(s). The charge will appear on your monthly credit card statement.

Please complete the information below:

I _____ authorize Charles June Karate and Landry Gray After
(print full name)

School to charge my credit card indicated below on the _____ of each month for payment of my
monthly Karate fees. (Choose 1st – 3rd)

The monthly charge will be in the amount of \$ _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard Discover

Cardholder Name _____

Account Number _____

CVS (3digit code) _____

Expiration Date _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined herein. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above or for any early termination fee should I cancel my membership prior to the end of my initial membership enrollment period. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.