



CHARLES JUNE Karate Institute

650 E Fire Tower Rd (252) 7KARATE
Winterville, NC 28590 (252) 752-7283
charlesjunekarate@gmail.com

Student Enrollment Information

_____	_____	_____
Student 1	Student 2	Student 3
_____	_____	_____
Mailing Address	Preferred Phone	Email
_____	_____	
Parent/Guardian Name (if minor)	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 or illness. 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

Terms and Conditions

Class observed date _____ **Free trial dates** _____

- Monthly Karate Membership.....\$105/mo**
- Automated billing..... subtract \$20/mo**
- Add family members (same household)50% off**

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 same date of each month.

Payment day/date: _____

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

Contract Term: You are registering yourself and/or your child(ren) for a monthly membership as indicated above. You are responsible for all monthly payments regardless of attendance. Nonpayment will result in student termination. Refunds/credits are not available.

Automatic billing: To cancel automatic billing please submit request in writing at least 1 week before your next billing date.

_____	_____	_____
Print Name	Signature	Date