

# TEAM BELIEVE MMA

## STUDENT AGREEMENT

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Street City, State Zip \_\_\_\_\_

Email: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

(if under 18)

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_



**Release of Liability.** I understand that strict observation by me, of the rules and regulations of **Long Island Martial Arts, Inc. – DBA: TEAM BELIEVE MMA**, including the use of protective equipment, will largely eliminate the possibility of accident or injury, and I hereby represent that I am physically fit to take the prescribed course of instruction and that I have had an opportunity to observe and participate in a martial arts lesson prior to the signing of this agreement. I have chosen and voluntarily agree to use the facilities, equipment and resources provided by **Team Believe MMA** at my own risk with knowledge of the risks involved. I further understand and agree that I release from liability and waive any and all claims or actions for personal injury or death or property damage or loss against **Long Island Martial Arts, Inc. (Team Believe MMA)**, its owners, officers, operators, employees and affiliated persons, whether caused by the fault, negligence, omission, or any other act however caused, of Team Believe MMA.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(if under 18)

# PRE-ENROLLMENT FORM:



## TUITION

Monthly Tuition \$ 99.00

Start Date of Billing Nov. 15<sup>th</sup>, 2017

<b>Monthly Payments</b> <b>(Electronic Funds Transfer)</b>	
_____	
<b>Credit Card Number</b>	
_____	
<b>Name on Card</b>	
_____	_____
<b>Exp. Date</b>	<b>Code (on back)</b>
<b>Type</b>	
<input type="checkbox"/> <b>Mastercard</b>	<input type="checkbox"/> <b>Visa</b>
<input type="checkbox"/> <b>Amer Exp</b>	<input type="checkbox"/> <b>Discover</b>

## BILLING AGREEMENT

I understand and agree to pay **TEAM BELIEVE MMA** the re-current monthly payments listed with the first payment due on the 1<sup>st</sup> or 15th of the month and subsequent payments on the same day of each consecutive month thereafter, until payments for the course as described above is completed or until I or **TEAM BELIEVE MMA** terminate this agreement. I understand that Team Believe MMA may bill be directly or through the use of a third party billing service. Being a student of the facilities operated by TEAM BELIEVE MMA, I will comply with all the rules and regulations of the programs. Failure to take the lessons in the allocated time, without written approval from TEAM BELIEVE MMA invalidates the lessons beyond the expiration date. Lessons are typically not conducted on Sundays, national holidays, or examination days. **CANCELLATION:** I understand that I may cancel this agreement without any penalty or further obligation within three business days after the date of this agreement, excluding Sundays and holidays. After three days, I may cancel this agreement at any time with 30 days advance notice. Notice of cancellation shall be in writing and mailed to: TEAM BELIEVE MMA, 137 New Hyde Park Rd, Franklin Square, NY 11010. Email notice will be acceptable with confirmation of receipt to: TeamBelieveMMA@gmail.com

**Return Check Fee:** I understand that I will be charged a returned check fee of \$20.00, and when applicable, a late charge as well.

**Late Fee:** If monthly payment is more than 5 days past due, a late fee of \$10.00 will be charged.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(if student under 18)