

# Dragon Mastery Llc

## dba: adragonspath.com



### Enrollment Application

Student Name: \_\_\_\_\_ SID# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age at Enrollment: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Phone Number: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Specific development goals \_: \_\_\_\_\_

Previous experience metaphysica or knowledge of esoteric principles Yes \_\_\_\_\_ NO \_\_\_\_\_

Explain: \_\_\_\_\_

#### ENROLLMENT AGREEMENT:

I do hereby voluntarily submit my application to enroll into the Dragon Mastery Program with Dragon Mastery Llc, dba: adragonspath.com. **I undersand the monthly enrollment fee is \$20.00 per/mo and is due on the 30<sup>th</sup> day of each month.** Student shall be invoiced for each month payment. Payment shall be made online or to an authorized representative of the program. Enrollment is voluntary and can be cancelled at any time. Active membership is required for participation in training program discounts and other student benefits.

I fully understand that this program is designed for my personal spiritual growth and development only and in no way tries to diagnose, treat or replace any diagnosis or medical treatment suggested by a licensed medical professional. I further agree that in the event that i have any questions or concerns as to my health or well-being, I shall to seek advice through a licensed caregiver of my choice. I further understand that the this is an esoteric program based upon hermetic priciples and the success of my personal development requires strong mental discipline and consistant practice. I agree to hold harmless Dragon Mastery Llc, adragonspath, its instructor or any other person connected with the activities of the program.

#### APPLICANT'S OR LEGAL GUARDIAN'S SIGNATURE:

\_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Instructor's Acceptance or Comments:

\_\_\_\_\_