

## KLJ Movement Enrollment Form

Participant(s) Name: \_\_\_\_\_ Age: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ ZipCode: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

*If the participant is a minor, please fill out the following information:*

Parent/Guardian's Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Grade: \_\_\_\_\_

Do you/your child take any medications or have any allergies/medical conditions that we should be aware of? If so, please explain:

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IN CASE OF INJURY, MEDICAL PROFESSIONALS WILL TRANSPORT PARTICIPANT FOR EMERGENCY TREATMENT AS SOON AS POSSIBLE. PLEASE INFORM EMERGENCY CONTACT PERSONS OF THIS INFORMATION IN CASE OF EMERGENCY. WE WILL TREAT ALL EMERGENCIES IMMEDIATELY AND NOTIFY PARENT OR GUARDIAN AS SOON AS POSSIBLE.

	Contact	Number	Relation
1.			
2.			
3.			

Signature: \_\_\_\_\_

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

# Payment Agreement

I, the participant/parent/guardian/ agree to the terms and conditions of payment for my/my child's participation.

## KLJ MOVEMENT INC PAYMENT AGREEMENT

Participant(s) Name: \_\_\_\_\_

Responsible Party Name: \_\_\_\_\_

Participants Course(s) of Interest: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Balance Due On Account: \$ \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_ MONTHLY / SEASON

Apply for Payment Plan: (Y / N)

Approved Payment Plan by Kyra Johnson: (Y / N )

Terms and Conditions of Payment Plan:

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(Initial of Director) \_\_\_\_\_ (Initial of Participant/Responsible Person) \_\_\_\_\_

I hereby agree to this payment agreement schedule for charges incurred at KLJ Movement INC until my account balance is paid in full. My failure to make payments without notification to the Director of KLJ Movement, Kyra Johnson may result in further collection action or other actions. KLJ Movement will have full discretion for unpaid accounts and will take necessary action to collect any unpaid balances.

Participant or Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

KLJM Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_