



# LUGO'S MARTIAL ARTS & WELLNESS



8811 Gunn Highway

Odessa, FL 33556

813 920-7590

[www.lugosmartialarts.com](http://www.lugosmartialarts.com)

## STUDENT INFORMATION FORM 2018-2019 SCHOOL YEAR

NAME \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_ E-MAIL \_\_\_\_\_

(Please Last Name First)

(First Name)

SCHOOL ATTENDING \_\_\_\_\_ TEACHER'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ DOB \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

ALLERGIES \_\_\_\_\_

MEDICAL HISTORY-GENERAL HEALTH:                      EXCELLENT                      GOOD                      FAIR                      POOR

DOES *HE / SHE* HAVE MEDICAL PROBLEMS? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES PLEASE EXPLAIN: \_\_\_\_\_

IS *HE / SHE* ON OR TAKING ANY MEDICATION? YES \_\_\_\_\_ NO \_\_\_\_\_ FOR WHAT PURPOSE? \_\_\_\_\_

NAME OF CHILD'S PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF LAST PHYSICAL EXAM \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

BUSINESS NAME & ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

BUSINESS NAME & ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF PERSON TO BE CONTACTED IN CASE OF EMERGENCY IF PARENTS CANNOT BE REACHED \_\_\_\_\_

PHONE \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

### **Enrollment Agreement New/Renewal**

This agreement engages the date shown below by and between Lugo's Martial Arts and Wellness Center hereafter referred to as L.M.A.W and the Enrollee, who has caused his/her signature to be affixed hereto, hereafter referred to as Enrollee.

#### **Witnesses:**

The enrollee hereby engages and employs L.M.A.W to train him/her in the art of Karate, and agrees to pay for instructional services rendered for the fee listed below, payable in installments as agrees. Enrollee further agrees to pay a late charge of 10% for any payment (2) days past due. If Enrollee fails to make any payment due hereunder, or any part thereof, L.M.A.W may, at its option, without notice or demand, require the then unpaid balance immediately due and payable.

L.M.A.W, in consideration of said fee referred to above, accepts and agrees to teach at its place of business, during scheduled hours of instruction, the art of Karate. The enrollee understands the procedures and exercises involved in instruction and participation as explained to him/her by an assistant of L.M.A.W. The enrollee understands that there is a risk of personal injury involved in the course of instruction and with knowledge agrees to indemnify and save harmless L.M.A.W from all losses caused by accident or injury to the Enrollee, or the third persons, who may be enrollees of L.M.A.W in the event that either the enrollee or said third person is injured in any way during the performance and execution of exercises.

Because of the physical demands of class instruction, enrollee understands that he/she must be in good physical condition to participate in said course of instruction and hereby certifies that he/she is in good physical condition.

**CONSUMER'S RIGHT OF CANCELLATION: You may cancel this agreement at any time however you will forfeit your registration fee and all tuition must be current.**

Should you cancel this agreement for any reason, it is important that you notify L.M.A.W. To avoid future charges at:

**Lugo's Martial Arts & Wellness  
813 920-7590**

In the event that all of the provisions contained herein are declared to be unenforceable by reason of any statute or applicable rule of law, such provisions shall be void, but the remainder of the terms, provisions, covenants, conditions and agreements contained herein shall be valid and binding.

Description of Instructional Services: Beginning Date on: \_\_\_\_\_ of \_\_\_\_\_ (Year)  
and ending on \_\_\_\_\_ .

**PLEASE INITIAL ONE PLAN BELOW**

**42 Week After School Program = \$3,336.00**

Monthly – \$336.00 \_\_\_\_\_

Weekly – \$80.00 \_\_\_\_\_

**52 Week Year Long Program = \$3,900.00**

Monthly - \$325.00 \_\_\_\_\_

Weekly - \$75.00 \_\_\_\_\_

By signing this form I acknowledge that I will pay the above tuition for the period of time designated above.

**\* New After School Members there is a \$75.00 one time registration fee.**

Enrollee's Signature \_\_\_\_\_

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