



LUGO'S MARTIAL ARTS & WELLNESS



8811 Gunn Highway

Odessa, FL 33556

813 920-7590

www.lugosmartialarts.com

STUDENT INFORMATION FORM 2019-2020 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 an 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 indemnity 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 stature 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 = \$3,570.00

Monthly – \$357.00 _____

Weekly – \$85.00 _____

52 Week Year Long Program = \$4,160.00

Monthly - \$346.00 _____

Weekly - \$80.00 _____

**I acknowledge that I will pay the above tuition for the period of time designated above.
(Programs must pay every month/week as agreed even if members don't attend)**

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

Parent's Signature _____

Date: _____