PAYMENT AGREEMENT / ACKNOWLEDGEMENT

The monthly tuition is $48 per month.

Your tuition payment due date each month is the same date you join the program.

Monthly tuition is considered late after 5 day past your due date.
Your child will not be able to participate until the past due tuition payment is made.

Please make all payments online at www.iteachkarate.com
Personal checks are accepted in person or mailed to:
Covert Blackledge, 3207 Abbie St., Sachse, TX, 75048

First month tuition includes:
Administrative Setup and Enrollment
Parent / Student Manual
Karate White Belt
Up to 4 to 5 classes per month

Payment Options:
$48 each month
Prepay 3 months = $135($9 savings)

When Applicable: Belt Promotion Fee: $10 (includes new belt and certificate**)**

FILL OUT FORM COMPLETELY – RETURN TO INSTRUCTOR
OR SCAN AND EMAIL TO: Covert@iteachkarate.com

NAME OF CHILD_____
NAME OF PARENT _____
STREET ADDRESS/APT #_____
CITY_____**STATE**_____**ZIP**_____
HOME PHONE_____**CELL PHONE**_____
MALE_____**FEMALE**_____**AGE**_____**BIRTHDATE**_____
EMERGENCY CONTACT (name/phone)_____

EMAIL ADDRESS_____

LIABILITY WAVIER: I, _____ in consideration of the
(Parent / Guardian Name)
acceptance of my child/minor, _____ entry
(Child's Full Name)
and admittance into the undersigned activity, hereinafter referred to as "The Class", do hereby release and forever discharge Covert Blackledge and/or the childcare facility known as _____, the directors and the teachers, everybody associated with The Class and the "childcare facility", but not limited to liability for all injuries and damages my child might suffer or incur during The Class. I assume all responsibility and risks for my child participating in The Class and so hereby state that my child is physically able to participate in this athletic event and have not heretofore been advised by a physician and /or medical authority against activity of this type. I voluntarily agree to comply with all terms, conditions, and rules for participation, and certify the above information as true, to the best of my knowledge.

EMERGENCY AUTHORIZATION: I the undersigned participant, parent or legal guardian, hereby authorize Covert Blackledge and/or "the teachers of the facility" to act as my agents and consent to medical examinations and/or treatment if deemed necessary.

I state that I am legal Parent or Guardian of said participating minor and I have acknowledged all waivers, releases and affirmations stated above apply to said minor.

Parent/Guardian Signature: _____ Date: _____