

Concho Valley Martial Arts Center

Your ULTIMATE Martial Arts Experience

4001 Sunset Dr. Ste. 1262 325-650-0486 San Angelo, TX 76904

Master Frank Galindo III -- VII Dan TaeKwon-Do; II Dan TaeYu-Do

Monthly Fees

Monthly (NO Contract) __Adults/Juniors...\$119 __Tykes...\$109 __Military...\$99

Four (4) Month Contract __Adults/Juniors...\$109 __Tykes...\$89 Military...\$89

Six (6) Month Contract __Adults/Juniors...\$89 __Tykes...\$79 Military...\$79

UNIFORM FEES: Student Uniform -- \$60 Black Belt Uniforms -- \$70 to \$120

Contract Term (Check One): __Month-to-Month __4 month __6 month

ALL CONTRACT TERMS REQUIRE A 15 DAY NOTICE OF CANCELLATION

Name: _____ DOB: _____ Age _____
Last First MI

Address: _____ Sex: Male Female

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Alt Phone Number: (_____) _____ - _____

Email Address: _____ Billing Email (if different): _____

Payer Name: _____ Address: _____

Payer Phone Number: (_____) _____ - _____ Alt Phone: (_____) _____ - _____

Other Applicants (use back of form if needed)

Name: _____ DOB: _____ Age: _____
Last First MI

Name: _____ DOB: _____ Age: _____
Last First MI

Name: _____ DOB: _____ Age: _____
Last First MI

Name: _____ DOB: _____ Age: _____
Last First MI

Emergency Contact: _____ Ph No: (_____) _____ - _____

How did you hear about us? _____

Why do you wish to train here? _____

Previous Training/Rank: _____

Health Issues/Meds: _____

Waiver of Liability

By my application to Concho Valley Martial Arts Center (CVMAC), and by my signature(s) below, I agree to follow all rules and regulations as outlined and updated by CVMAC and affiliate organizations. I am aware of and accept all risks of injury involved in Martial Arts training, and I release and hold harmless from any and all indemnification, any CVMAC or Affiliate Group Official, Instructor, Trainer, Parent, or Guest, whether directly or indirectly involved with CVMAC, from ANY injury that I/we may incur while training or practicing of ANY Martial Art, Discipline, or Training Regimen, at this or at any other affiliate location.

Applicant Signature _____ Date _____

(Parent Signature if applicant is a minor)

DISCLOSURES AND ACKNOWLEDGEMENTS

Social Media

Concho Valley Martial Arts Center (CVMAC) may post and publish photos of you/your student(s) on media or social media sites, on our website (www.mytkdrox.com), and on the "Band" App; other social sites i.e. Facebook, Twitter and Instagram, may also be used by CVMAC and students or parents. Any identification of your student(s) by CVMAC will be strictly limited to **first names only**.

____ By my initials, I acknowledge that CVMAC may post/publish photos of me/my student(s) for promotional purposes via any social or other media, without remuneration of any kind.

Band Messaging App

CVMAC uses a messaging App called "Band" to relay Studio Information and Updates. Download The Band App from the Google Play Store for Androids or from the App Store for Apple, in order to stay informed about Studio activities. Once Band is downloaded, and your membership accepted, you will have access to all notices/updates on Band. Student's full names may be used.

Fees Due Date

____ I understand that fees of \$____, are due on the **3rd, 10th, 17th, or 24th** of each month, and that a **\$15 LATE FEE** applies after a 3 day Grace Period.

Invoicing/Contract Requirements

By my initials below I Understand and Acknowledge that:

____ Electronic Invoices are sent to the Email address on the registration page.

____ A **\$15 Late Fee** applies if fees are **PAID AFTER a THREE DAY Grace Period**.

____ Unpaid Invoices continue to accrue Late Fees.

____ Invoices over ONE (1) month delinquent will be **SUBMITTED TO A COLLECTION AGENCY** and then **PAYMENTS CAN ONLY BE MADE TO THAT COLLECTION AGENCY**.

____ Class fees are due even during scheduled closures including Holidays.

____ This contract is transferable for a \$20 Transfer Fee.

____ Four or Six month terms paid IN FULL are not refundable.

____ This contract automatically renews for the same contract term after the initial term, unless CVMAC is notified of any changes, either verbally, electronically, or in writing.

(Six month terms paid IN FULL receive a 7.5% discount)

By my signature below I acknowledge and accept that I must provide a FIFTEEN (15) DAY NOTICE OF CANCELLATION in order to terminate membership, regardless of the Term of Contract, and to avoid billing for subsequent months; failure to provide this notice will result in FEES BEING DUE FOR THE REMAINDER OF THE CONTRACT TERM.

I further acknowledge that by my signature(s), and initial(s), where required, I/we have read and accept the terms and conditions of membership at Concho Valley Martial Arts Center, and that I/we are bound to these terms, as outlined above.

Signature _____ **Date** _____
Applicant (Parent/Guardian if applicant is a minor)