



Dragon International Institute

1137 N. Arlington In, In 46219

Student Enrollment Form and Waiver

Student Name _____

Address _____

Street City, State Zip _____

Email: _____

Yes - Sign Me Up!... for news and special offers

No thank you

Parent's Name _____ Phone _____

_____ (if student under 18)

Contact _____ Phone _____

_____ (in case of emergencies)

Contact Relationship to Child: _____

Release of Liability. I understand that strict observation by me, of the rules and regulations of DRAGON INTERNATIONAL INSTITUTE including the use of protective equipment, will largely eliminate the possibility of accident or injury, and I hereby represent that I am physically fit to take the prescribed course of instruction and that I have had an opportunity to observe and participate in a martial arts lesson prior to the signing of this agreement. I have chosen and voluntarily agree to use the facilities, equipment and resources provided by DRAGON INTERNATIONAL INSTITUTE at my own risk with knowledge of the risks involved. I further understand and agree that I release from liability and waive any and all claims or actions for personal injury or death or property damage or loss against Fusion Gymnastics Center and DRAGON INTERNATIONAL INSTITUTE, its owners, officers, operators, employees and affiliated persons, whether caused by the fault, negligence, omission, or any other act however caused, of DRAGON INTERNATIONAL INSTITUTE and Fusion Gymnastics Center.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(if student under 18)



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BILLING FORM

Monthly Payments (Electronic Funds Transfer)

_____ Credit Card Number

_____ Name on Card

_____ Exp. Date

Type Mastercard Amer Exp

_____ Code (on back)

Visa

Discover

TUITION

Initial Registration Fee Course Price:

Down Payment

Balance (unpaid) Installments

Start Date of Billing End of Billing

BILLING AGREEMENT

\$ _____ \$ _____ \$ _____

(subtract)

\$ _____

\$ _____ (Amount per month)

I understand and agree to pay DRAGON INTERNATIONAL INSTITUTE the monthly payments listed with the first payment due on the 10th of the month and subsequent payments on the same day of each consecutive month thereafter, until payments for the course as described above is completed or until I or DRAGON INTERNATIONAL INSTITUTE terminate this agreement.

Being a student of the facilities operated by DRAGON INTERNATIONAL INSTITUTE, I will comply with all the rules and regulations of the programs. Failure to take the lessons in the allocated time, without written approval from DRAGON INTERNATIONAL INSTITUTE invalidates the lessons beyond the expiration date. Lessons are typically not conducted on Sundays, national holidays, or examination days. CANCELLATION: I understand that I may cancel this agreement without any penalty or further obligation within three business days after the date of this agreement., excluding Sundays and holidays. After three days, I may cancel this agreement at any time with a (2) two month advance notice, unless I have a tuition contract. Notice of cancellation shall be in writing and mailed to:

DRAGON INTERNATIONAL INSTITUTE, 1137 N. Arlington, Indianapolis, Indiana 46219

RETURN CHECK FEE: I understand that I will be charged a returned check fee of \$20.00, and when applicable, a late charge as well.

Late Fee: If monthly payment is more than 5 days past due, a late fee of \$5.00 will be charged.

Student Signature _____ Date _____

Parent / Guardian Signature _____ Date _____ (if

student under 18



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Payment and Class Information: (Please mark program of choice)

Lil Dragons – For children 3-5 years of age to learn to improve their motor skill, strength, and coordination. Classes once per week on Wednesdays. First month purchased includes student uniform. Seasonal Pricing – Call for Details

Beginner Program – For children 5-12 years of age to learn all of the basics necessary of Karate and work towards goals. Classes are two times per week: Mondays and Wednesdays or Tuesdays and Thursdays. The first month purchased includes student uniform. Subsequent months at Seasonal Pricing – Call for Details

Intermediate Program – For children 5-12 years of age who have successfully completed the Beginner's Class and ready for more training and mastery. Classes are Mondays and Wednesdays or Tuesdays and Thursdays. The first month purchased includes student uniform. Subsequent months at Seasonal Pricing – Call for Details

Advanced & Black Belt Program – This program is for those who have attained their Black Belt to hone their skills and attain greater levels of training. Classes are Mondays and Wednesdays or Tuesdays and Thursdays. The first month purchased includes student uniform. Subsequent months at Seasonal Pricing – Call for Details

Youth Jiu-Jitsu – This program is an “add-on” class for Junior Yellow Belts and higher ranked students. Jiu-Jitsu classes are held on Mondays.

Black Belt Club – This program is an “add-on” class for Junior Yellow Belts and higher ranked students. Black Belt Club is held on Fridays.

Private Lessons – Private and Semi-Private Lessons are designed for students seeking personalized accelerated training. Classes can be scheduled for your convenience – typically Friday nights. A 24-hour notice is required for cancellations or re-schedules. Missed classes are non-refundable unless there are certain emergency circumstances. Private Class Sessions as well as Semi-Private Lessons are 30 minutes or 60 minutes. Seasonal Pricing – Call for Details

Contract schedule:: 3 months 130\$/mo_____ 6 months 115\$/mo_____ 12 months 100\$/mo_____ (Payments due 7 business days prior to start of monthly of training)

Additional Programs:

DII Summer “Boot” Camps – Summer 5-day “Boot Camps” focused primarily on Martial Arts training and take place in June, July, and August. Camp

Glow Chux Seminar – Students will perform drills to improve hand and eye coordination using fun foam glow-in-the-dark “Chux”. Cost includes the Glow Chux. This seminar typically takes place in November – inquire at DII for details.



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Want your child to have a DII Birthday Party? Have your child's birthday party at DII/RecZone Indy! Children enjoy a 50 minute progressive obstacle course and then break for cake for 20 minutes. Once the cake is finished, kids can play more games for another 20 minutes. Each participant will receive a certificate for ONE FREE WEEK OF KARATE unless already enrolled. A deposit is required at time of booking.

Date of Sign-Up: _____ Included / Enclosed is Cash, Check, or Money Order in the amount of: \$_____ Please make check payable to: DII/RecZone Indy (there will be a \$40 fee for all returned checks)

Please initial next to each:

_____ I grant permission for my child/ward to participate at DII/RecZone Indy. I acknowledge that this is a class or training which requires a number of physical activities and abilities.

_____ Authorization to treat minor: In the event that I cannot be reached in an emergency, I hereby give my permission to call 911 and/or contact a medical facility or physician selected by the staff to secure proper treatment for my child and that I will be responsible for said expense.

_____ Prescription or over-the-counter medication: I certify that I will have on file with DII/RecZone Indy, a current medical form stating all the medications that my child must take.

_____ Although there is a DII/RecZone Indy Blanket Insurance Policy that is provided by DII/RecZone Indy, Individual Student Medical Insurance is not provided.

In consideration of my child/ward's participation in the activity, I hereby waive all claims or causes of action against DII/RecZone Indy and their staff arising out of my child/ward's participation in the activity. I also hereby release, hold harmless, and discharge DII/RecZone Indy from all liability in connection therewith. In addition, I have been advised to obtain personal medical coverage and I agree to use my child/ward's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I also give permission for photographs and/or video to be taken of him/her while participating in this activity, and for these photographs and/or videos to be used for publicity purposes. I have read and hereby certify that the above listed information is correct to the best of my knowledge. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against DII/RecZone Indy is knowingly given up in return for allowing my child/ward's participation in the activity.

Parent / Legal Guardian Signature: _____ Date: _____

Please bring this 5-Page Registration Form with Payment to our location, or you may Mail to : 1137 N. Arlington IN, IN 46219