

## STANDARD CONTRACT

**DOJO:** Winter Haven Budokai

**PAYEE:** \_\_\_\_\_ (This may be the adult student or the parent/guardian of a minor student)

**STUDENT:** \_\_\_\_\_

**START DATE:** \_\_\_\_\_ **END DATE:** \_\_\_\_\_

### 1. PARTIES.

This CONTRACT (hereinafter referred to for convenience as the CONTRACT) made as of the START DATE (as defined above) is by and between DOJO (as defined above) and PAYEE (as defined above).

### 2. TERM

The term of this contract is from the START DATE (as defined above) until the END DATE (as defined above).

### 3. TUITION

The PAYEE agrees and is committed to pay the DOJO the total contract sum of \_\_\_\_\_ (\$ \_\_\_\_\_). This amount will be financed for the STUDENT / PAYEE for \_\_\_\_\_ (\_\_\_\_) months at a rate of **Eighty Five Dollars (\$85.00) per month**. This amount will be discounted by 15 % as long as the full term of the contract is paid in advance.

The discounted contract sum will be \_\_\_\_\_ (\$ \_\_\_\_\_)

### 4. TIME AND PLACE OF PAYMENT

Payment is due the **twenty-fifth (25TH) day of each and every month for regular karate classes**, regardless of payment period. (Monthly, quarterly, semi-annually or annually) Payment is to be made to the DOJO at 6284 Cypress Gardens Blvd, Winter Haven, FL 33884 or the current address at which Winter Haven Budokai is located if the DOJO has moved.

### 5. PAYMENT METHOD

Payment will be automatically deducted from the below listed Credit card / Debit card on the Twenty-Fifth day for regular karate classes every month.

If for any reason the STUDENT does not want the payment to be deducted from said card, the STUDENT will need to make payment at least one day prior to the due date.

Name on card#1 \_\_\_\_\_

CREDIT CARD/DEBIT CARD#1: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ 3-DIGIT CVV2 CODE (on back of card): \_\_\_\_\_

Name on card#2: \_\_\_\_\_

CREDIT CARD/DEBIT CARD#2: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ 3-DIGIT CVV2 CODE (on back of card): \_\_\_\_\_

**6. EVENTS OF TERMINATION OR DEFAULT**

1. If the PAYEE wishes to terminate the contract early, the PAYEE must pay one half (1/2) of the remaining months being financed. At which time STUDENT will not be allowed to return to train under this contract. The only exception to this is if said student moves more than 50 miles away from the dojo, in which case the contract can be broken by providing a copy of new lease, mortgage or utility bill with the new address.

2. The CONTRACT will be considered in default if the PAYEE has not made the payment within (10) ten days of the twenty-fifth of any given month. There is a \$10.00 per day late fee for any payment not received by the twenty-seventh (27th).

3. There will be an addition \$25.00 fee for any Credit / Debit card that cannot be processed.

4. There will be an addition \$50.00 fee for any return checks.

4. For any reason if the PAYEE does not meet the financial obligation of this CONTRACT, all cost to include lawyer fees, credit reporting fees and labor cost to recover the remaining financial obligation will be the responsibility of the PAYEE.

5. If a STUDENT breaks any of the DOJO rules and is suspended from training, the PAYEE is responsible for the payments due, regardless of the duration of the suspension.

**7. EXCEPTIONS (This area is for any exceptions or changes to the CONTRACT)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name of PAYEE

\_\_\_\_\_  
Signature of PAYEE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of WITNESS

\_\_\_\_\_  
Signature of WITNESS

\_\_\_\_\_  
Date

### **Student Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Date of Admission: \_\_\_\_\_

### **Parent Information**

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Place of Work/Business: \_\_\_\_\_ Position: \_\_\_\_\_  
Other Contact Info: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Place of Work/Business: \_\_\_\_\_ Position: \_\_\_\_\_  
Other Contact Info: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

### **Emergency Contact/Pickup Information**

Emergency contact in case parents/guardians can't be reached. I authorize these individuals to pick-up my child in the event that I cannot. Please list individuals in the order that you would like for us to call in case of emergency and neither parent/guardian can be reached.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
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Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Emergency Medical Information and Immunization Records**

In the event that I cannot be reached to provide emergency medical for my child I authorize the instructor or representative of Winter Haven Budokai to seek medical treatment for my child and/or to administer first aid and/or CPR.

Student's Name Full Legal Name: \_\_\_\_\_

**Family Physician Contact Information**

Physicians Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

I give permission for my child to be treated at a local emergency room if necessary.

Preferred of Emergency Room (if possible): \_\_\_\_\_

I give consent to emergency medical treatment as seen fit by Winter Haven Budokai in the event I cannot be reached or if an emergency does not permit time for Winter Haven Budokai to reach me first. My child's immunization record is on file at the public or private school they are attending and all immunization and tuberculosis tests are current. All necessary vision and hearing screenings as required by the Special Senses and Communications Disorders Act are current and on file at the public or private school my child is attending.

\_\_\_\_\_  
Signature of Parent/Legal Guardian \_\_\_\_\_ Date

\_\_\_\_\_  
Printed Name

**Medical History**

Please list any medical conditions your child has such as allergies, illnesses, and injuries in the past 12 months that merited medical treatment and any medicines prescribed for long-term continuous use. Write "none" if this does not apply to your child.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian \_\_\_\_\_ Date

\_\_\_\_\_  
Print Name

# Winter Haven Budokai

## CONTACT INFORMATION FORM

STUDENT: \_\_\_\_\_

DOB: \_\_\_\_\_

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

CITY: \_\_\_\_\_, FL ZIP: \_\_\_\_\_

HOME #: \_\_\_\_\_ ALT #: \_\_\_\_\_

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

MOTHERS FULL NAME: \_\_\_\_\_

FATHERS FULL NAME: \_\_\_\_\_

ALTERNATE PERSON TO CONTACT IN CASE OF EMERGENCY/ PHONE NUMBER: \_\_\_\_\_

ANY HEALTH CONDITIONS WE SHOULD BE AWARE OF? \_\_\_\_\_

\_\_\_\_\_

# Winter Haven Budokai

## PARENT AND TEACHER APPROVAL FORM

**Winter Haven Budokai** prides itself on instilling the principles of Budo to our students. **Budo** symbolizes lifelong excellence not only in the martial arts, but also in school, and as productive members of society. This is considered the Martial arts path in life.

We, respectively, request your assistance in helping us to achieve this goal by circling the correct answer to the following question:

**1. This student is respectful to his fellow classmates and teachers, does satisfactory work, and is receiving passing grades.**

AGREE / DISAGREE

\_\_\_\_\_  
Teacher's signature

\_\_\_\_\_  
Date

**2. My son/daughter has been respectful to his/her family members and is being cooperative at home.**

AGREE DISAGREE

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

If our students are not behaving in a respectful manner either at home, school, or while at **Winter Haven Budokai**, student's promotion will be withheld until there has been satisfactory improvement.

Thank you for your cooperation.

Sincerely,

Sensei Juan Queris

# Winter Haven Budokai

## BELT TEST APPLICATION

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Belt Size: \_\_\_\_\_

# of months at present belt: \_\_\_\_\_ Belt testing for: \_\_\_\_\_

# Lessons completed since last Promotion: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

### Testing Fees\*

Testing fees are due when submitting application and must be submitting 1 week prior to testing.

Current Rank	Testing for Rank	Rank	Testing Fee
White	Yellow	9 <sup>th</sup> Kyu	\$35.00
Yellow	Gold	8 <sup>th</sup> Kyu	\$40.00
Gold	Orange	7 <sup>th</sup> Kyu	\$45.00
Orange	Blue	6 <sup>th</sup> Kyu	\$50.00
Blue	Green	5 <sup>th</sup> Kyu	\$55.00
Green	Purple	4 <sup>th</sup> Kyu	\$60.00
Purple	Brown III	3 <sup>rd</sup> Kyu	\$70.00
Brown III	Brown II	2 <sup>nd</sup> Kyu	\$80.00
Brown II	Brown I	1 <sup>st</sup> Kyu	\$90.00
Brown I	Jr. Black	1 <sup>st</sup> Dan	\$100.00
Jr. Black	Black	1 <sup>st</sup> Dan	\$150.00
Brown I	Black*	1 <sup>st</sup> Dan	\$250.00

### **For Dojo use only:**

- Instructor's Approval
- Has required amount of lessons
- Test Fee received ( If applicable)
- Has proper safety equipment for test

- Student is well behaved
- Has school spirit
- Tuition up to date

### **Additional Comments:**

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Approved By \_\_\_\_\_