

# USA KARATE

## New Ipswich After School Karate Program

STUDENTS NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENTS NAME \_\_\_\_\_

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

**GENERAL INFORMATION:**

Is your Child under a Doctor's care? \_\_\_\_\_ If yes why? \_\_\_\_\_

Do your Child have any physical challenges or special needs? \_\_\_\_\_

**Please read the following and sign below**

I the undersigned hereby release USA Karate, Laurence Sullivan, Robin Sullivan, Zachary DeJesus , Sullivan's American Kenpo, Sullivan's USA Karate, , All USA Karate school Owners, Instructors, Agents, SAU#87, and Highbridge Hill Elementary School New Ipswich NH and any other persons associated with this after school program in any capacity for liability due to injuries etc that my child may incur as a result of their attendance and or participation in the above specified program. I clearly understand the fighting aspect of this sport involves bodily contact. I understand that my child must abide by the rules associated with this program and I assume all responsibility and any associated liability for infringement of such rules. Additionally, I am fully aware of my Child's medical condition and hereby certify that my Child is physically and mentally fit to participate in the said Highbridge Hill Elementary After School Karate Program.

Parent/Guardian Signature \_\_\_\_\_

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THE UNDERSIGNED PROMISES TO PAY 5 equal monthly installments of **\$25.00** the first monthly installment being due 1 / 1 / 17 and all subsequent installments on each consecutive month to be paid directly to USA Karate Financial until paid in full.

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**AUTO PAY Electronic Funds Transfer**

I authorize USA Karate Financial to debit my account on the 1<sup>st</sup> of the month for my child's after school martial arts program.

Bank Name \_\_\_\_\_

Routing number \_\_\_\_\_ Account Number \_\_\_\_\_

PLEASE NOTE: Payments presented through automatic clearing house (ACH), against accounts with insufficient funds will be represented in 15 days, In addition the Student will be assessed a \$7.50 return items fee.

Signature \_\_\_\_\_

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**CREDIT CARD**    MC    Visa    Amex    Disc    Other

Account Number \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name as it appears on Card \_\_\_\_\_

Signature \_\_\_\_\_