



Start Date: _____

Student Information

Child's Name

Date of Birth

Child's Address

Child's High School Graduation Year

Primary Guardian's Name

Secondary Guardian's Name

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Email Address

Email Address

How did you hear about ASSD?

Additional Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Email Address

Email Address

Medical Information

Please list any medical conditions or concerns. This may include asthma, allergies, or other medical needs.

Additional Information

Please list any other conditions or concerns that may impact your student's involvement. The more information we have, the more successful we can be when working with your student.

Movie Use Agreement

By signing below, I give consent for my child/ren to view family movies that are rated G or PG that are provided by the ASSD for specific programming.

Parent's/Guardian's Signature

Date

Photography/Social Media Agreement

ASSD will frequently publish video or photography of the students and parents of the school on the school website and social media pages. By signing below, I give permission for my child's likeness/photos/quotes/etc. to be released on social media sharing sites such as FB, Instagram, Twitter, etc.

Parent's/Guardian's Signature

Date

Technology Use Agreement

I give permission for my child/ren to use electronic devices owned by ASSD, including but not limited to computers, printers, software, the Internet, database access, and audio visual equipment/game systems. By signing below, I will discuss with my child/ren the importance of following the rules and will accept responsibility for the repair/replacement costs due to my child's negligence or destructive behavior. I also grant my child/ren permission to use personal electronic devices that are the personal property of my child, with the understanding that any damage that might occur due to negligence on the part of the child/ren is not the responsibility of the ASSD. By signing below, I agree that any personal devices that my child may bring will be monitored and will not contain or access any materials that may be deemed inappropriate for minors.

Parent's/Guardian's Signature

Date

Contract Information

The student (or Parent if Student is a minor) for good and valuable consideration, including the instructional services provided by the Arlington School of Self Defense, agrees and represents as follows:

1. Student/Parent agrees to pay a monthly fee in the amount of \$_____ to the Arlington School of Self Defense ("ASSD"), with the first payment being due immediately, and each subsequent payment being due by the 5th day of each subsequent month thereafter, until this Agreement is terminated. **Monthly fees are non-refundable.**
2. I understand and agree that I am financially responsible for all services received in the amount stated above. I agree to pay that total in full in the time period stated above. I agree that if I should cancel my agreement Student/Parent must give 60 days written notice to the ASSD prior to termination of this Agreement. In the event that a Student is terminated for non-payment of installment when due or in the event that Student/Parent fails to give 60 days notice of termination as set forth herein.
3. Student/Parent agrees that ASSD reserves the right to terminate the student at any time for non-payment of installments when due or conduct that it, in ASSD's sole discretion deems disruptive or inconsistent with its goals or purposes. In the event of such a termination then the remainder of any monthly installment due/paid for the month of termination remains payable and is non-refundable.
4. Student/Parent must give 60 days written notice to the ASSD prior to termination of this Agreement. In the event that a Student is terminated for non-payment of installment when due or in the event that Student/Parent fails to give 60 days notice of termination as set forth herein, then ASSD shall retain the deposit as its liquidated damages for the failure to honor the terms of this Agreement.
5. Student/Parent represents that the student is in good health, that this activity has been approved by Student's physician following a physical examination, and that Student/Parent knows of no impairment to Student's health or physical being that would prevent Student from taking this Self - Defense course. Student/Parent fully understands that participating in Self-Defense courses involves the possibility of accidental physical injury and Student/Parent agrees to assume the risk of any such injury which might be sustained by Student in connection with the activities of this Self-Defense program, whether with regard to instruction or organized competition. Student/Parent further agrees to assume the risk of any adverse effect on Student's health due to martial arts training by this Self-Defense program.
6. For good and valuable consideration, Student/Parent waives, releases, and relinquishes any claims, causes, or demands that Student/Parent has or may have against ASSD, the owner Samuel Walling, Tommy Stallard, or any employees or instructors of ASSD for any personal injuries or death that may be sustained by Student in any way concerning or arising from the activities of ASSD, whether in the classroom; at tournaments, or otherwise, including any claims that the owner, ASSD, or their employees were negligent or grossly negligent. Student/Parent additionally agrees to indemnify, defend, and hold the owner, ASSD, and their instructors and employees harmless from any claims, causes, demands, damages, or judgments that may be brought by or on behalf of the Student against them, including costs of defense, arising from any personal injuries or Death to Student concerning the activities or conduct, acts, or omissions of the owner, ASSD, or their employees, and including but not limited to any claims purportedly arising from the negligence of the owner, ASSD, and/or their instructors or employees.
7. This Agreement shall be construed under the laws of Texas and is performable in Tarrant County. It constitutes the entire agreement between the parties and may only be modified in writing.

Signature

Date

Auto Draft Payment Information

I agree to allow ASSD to withdraw monthly auto draft payments in the amount listed above. In the event of non-attendance, I agree that the payments will continue until I have completed the necessary cancellation of the registration contract.

Name as it appears on card

Card Number

CID Number

Billing Address

Authorized Signature

Expiration Date

City, ST Zip Code

Date