

Self Defense Solutions of Cleveland
2260 Springplace Rd SE Cleveland TN 37323
Financial/Enrollment Form

I UNDERSTAND that under the terms of this agreement, the school obligates itself to furnish me with competent instruction and suitable facilities for teaching lessons. All class sessions are supervised by qualified personnel trained in the procedures and traditions of the Martial Arts. **The STUDENT** hereby represents that he/she is physically fit to receive and participate in the prescribed course of instruction. **I UNDERSTAND** that my tuition is arranged to be made in monthly installments and is not affected by my lesson schedule and/or attendance. **I UNDERSTAND** and agree that the school will not be held liable for injuries, damages, etc., not caused by or resulting from the negligence of the owners, operators, employees or person in charge of such establishment. I will faithfully comply with all the rules and regulations of the school and the traditions of the Martial Arts. I further understand that failure to complete the lessons does not relieve me of my obligation to pay the tuition in full.

_____ Date: _____ Date: _____
Self Defense Solutions of Cleveland Student

_____ Date: _____
Parent/Guardian (must sign if under 18)

Name: _____ Address: _____
(Name of Parent/Guardian if under 18)

Phone: _____ Email: _____

The undersigned agrees to take and SDS of Cleveland hereby agrees to teach a program of martial arts instruction. This membership consists of _____ Classes per week with the 1st class beginning _____.

Signature _____ Date: _____

FINANCIAL INFORMATION: PLEASE READ AND SIGN BELOW

I agree to purchase 2 Warrior Classes per week. A monthly fee of \$85.00 will be charged automatically to my credit/debit card on the _____ of the month. I hereby certify that I am the holder of the credit/debit card detailed below. I understand that I will be notified if my credit/debit card payment fails to authorize for any reason, and that a \$10 late fee will apply if I do not provide valid credit/debit card information within 10 calendar days of the original rejection date.

Credit/Debit Card (Circle One) ----- (Discover) (Master Card) (Visa)

Account Number _____ Exp. Date _____ CVC _____

Name As it Appears On the Card _____

PAYEE SIGNATURE _____ Date: _____

Cancellation Policy:

You may cancel membership without any further obligation within three (3) days from the date of membership agreement. The minimal initial investment is non-refundable.