



STEELE CREEK MARTIAL ARTS
10720 S. Tryon St. Suite M Charlotte, NC 28273
980.498.2336 · steelcreekmartialarts@outlook.com

2024-2025
Taekwondo Class Registration and Agreement

Must be completed by a parent or guardian

First Name: _____ Last Name: _____ Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____
(Street address, city, state, zip code)

Email Address: _____

Members included in Membership:
(Name, Date of Birth, School Name)

Updated in system: _____
Program fee paid: _____
Uniform received: _____
Initials: [] [] [] Dates: [] [] []

Start Date: _____ End Date: _____

Waiver and Release

I do hereby agree to participate in the SCMA (referred to as "Company") located at 10720 S. Tryon St. Charlotte NC. The responsible party must read the entire agreement before signing

I understand that during participation in SCMA events and activities, one may be exposed to physically and psychologically stressful and challenging situations. Including but not limited to, risks and dangers inherent in the action itself, exposure to forces of nature, motor vehicle travel, and possible accident or illness.

I have advised SCMA and their staff of any special needs of the participant or activities from which the participant should be restricted.

I understand that, although precautions have been taken to provide proper organization, supervision, instruction, and equipment for each activity. It is impossible to guarantee absolute safety. I hereby assume all risks and danger and will hold harmless STEELE CREEK MARTIAL ARTS, their officers, agents, and employees, and all groups and persons connected herewith, from all actions, causes of actions, suits, and any claims, demands, and liabilities whatsoever, both in law and equity and or any of their respective officers, agents, and employees. In connection with participating activities, except in cases of gross negligence.

The terms hereof shall be binding on my execution, heirs, administrator, and assignees, and shall serve as an assumption of risk and general release for the participant while participating in activities hosted by STEELE CREEK MARTIAL ARTS (SCMA)

Terms:

- The program is based on a monthly tuition payment agreement.
- Payments are to be received in advance before services are rendered.
- Fees are **NOT prorated** for illness or vacations, they remain the same for the entire school year, regardless of absences.
- Tuition and testing fees (it eligible and/or applicable) are due and must be paid on or before 2 days prior to the date services are provided, regardless of Student's absence, major holidays, and/or school holidays.
- Registration fees, tuition, equipment, uniforms, weekend camps and events, birthday parties, testing fees, and private lessons are non-refundable.
- Martial Arts testing is mandatory in a reasonable amount of time. If students do not progress at a reasonable pace the student will not be eligible to remain in the program and will forfeit their spot. Color belt testing occurs typically on the second Friday of each month, although makeup tests are sometimes available and Private testing is Always available for an additional fee.
- To terminate the program I agree to provide the Company a thirty-day advance written notice, along with the required termination fee and form, signed by the student and/or guardian and office manager (the form is available, and must be completed through the Company office).
- There is no pro-rating or refunds upon program cancellation.

Auto Draft

To participate in our Taekwondo classes the account must be set up on an Auto Draft program. We accept all major credit cards and debit cards. Payments are due NO LATER than the close of business on the Friday before the week of After School begins Failure to pay the account on time may result in your child not being picked up to participate in the program (a notice will be emailed prior), once the account is in default. This includes all declined payments All declined or insufficient fund payments are subject to a \$25.00 processing fee.

I understand that I will not receive a courtesy bill reminder, and that tuition is to be received by the due date Returned checks will result in a \$35.00 penalty fee (for non-membership/program fees), Be advised that it is the Student's and the Parent's / Guardian's responsibility to make sure payment is received on time

I acknowledge that the student membership may be canceled at any time, without notice, for the account becoming delinquent or not following procedures outlined in this agreement and the Student Manual, as well as any breach of the Zero-Tolerance items and behaviors listed in the Student Manual

Declined payments are to be resolved before the child attends the program. Failure to resolve a past due account will result in the child not being picked up from their designated school Delinquent accounts. for services rendered, will be turned over to a collection agency All fees are subject to an annual increase due to the cost of living adjustment upon membership/program renewal.

Bi-weekly Auto Draft: Monthly Auto Draft:

Cancellation Policy

If you wish to cancel your agreement we require:

- 1.) A 30-day written cancellation notice.
- 2.) Your account must be in good standing and not past due.
- 3.) A \$50.00 cancellation processing fee will apply.

* There is no option for a freeze or pause of the After-School *
Program at any time

Please Initial here to confirm your understanding of the above paragraph: _____

Little Scorpions \$140 per month: _____

Regular Monthly Classes \$175: _____

Pay per class \$25: _____

Initials: Dates:

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Agreement:

In exchange for participation in the activities offered by Steele Creek Martial Arts and/or use of the property, facilities, and services I agree for myself and (if applicable) for the members of my family to the following Agreement to follow directions I agree to observe and obey all posted rules and warnings and further agree to follow any oral instructions or directions given by Steele Creek Martial Arts, or the employee's representatives or agents of Steele Creek Martial Arts

Assumption of the risks and release I recognize that there are certain inherent risks associated with the above-described activity and I assume full responsibility, regardless of negligence on the part of Steele Creek Martial Arts for personal injury to myself and (if applicable) my family members and further release and discharge Steele Creek Martial Arts for injury, loss or damage arising out of my family's use of or presence upon the facility of Steele Creek Martial Arts, whether caused by negligence or by the fault of myself, my family, Steele Creek Martial Arts or other third parties.

Indemnification I agree to indemnify and defend Steele Creek Martial Arts against all claims, causes of action, and damages, judgments, costs, or expenses including attorney fees and other litigation costs, which may in any way come from my or my family's use of or presence upon the facilities of Steele Creek Martial Arts

Fees I agree to pay for all damages to the facilities of Steele Creek Martial Arts caused by any negligent, reckless, or willful actions by me or my family

Applicable Law Any legal or equitable claim that may arise from participation in the above shall be resolved under North Carolina law

No Duress I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my legal counsel review this Agreement if I so desire. I further agree and acknowledge that Steele Creek Martial Arts has offered to refund any fee I have paid to use its facilities if I choose not to sign this Agreement

Arms Length Agreement This agreement and each of its terms are the product of an arm's length negotiation between the Parties in the event any ambiguity is found to exist in the interpretation of this agreement or any of its provisions, the Parties and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a party based upon their status as the drafter or a specific term, language, or provision giving rise to such ambiguity

Enforceability The invalidity or unenforceability of any provision of the agreement, whether standing alone or as applied to an occurrence or circumstance shall not affect the validity or enforceability of any provision of this agreement or any other applications of such provision and such invalid or unenforceable provision shall be deemed not to be a part of this agreement

Dispute Resolution The parties will attempt to resolve any dispute arising out of or relating to this agreement through friendly negotiations among the parties. If the matter is not resolved by negotiation the parties will resolve the dispute using the below Alternative Dispute Resolution (ADR) procedure

Any controversies or disputes arising out of or relating to this agreement will be submitted to mediation following any statutory rules of mediation. If mediation does not successfully resolve the dispute, then the parties may proceed to seek an alternative form of resolution under any other rights and remedies afforded to them by law.

I agree to allow photos and videos of myself and any family members to be posted privately and/or publicly by Steele Creek Martial Arts. Photos may be utilized for promotional purposes via Social Media Print, Internet and any other media formats. Please note the Medical Release Addendum is attached outlining any medical issues that limit the participant's ability to fully engage in regular program activities outlined in the Student Manual

I, _____ I have read and executed this Waiver and Release on _____

Signature of Student or Parent/Guardian if under the age of 21

Signature of Company Representative

STANDARD MEDICAL RELEASE FORM

The following information will allow any Steele Creek Martial Arts representative (Instructor/Counselor) to make adequate provision for the possibility of a medical emergency arising during any activity or event.

Student Name: _____ Date of birth: _____

Student Name: _____ Date of birth: _____

Parent/Guardian Name: _____ Primary Phone Number: _____

Parent/Guardian Name: _____ Primary Phone Number: _____

Emergency Contacts

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Insurance:

Name of Insurance company: _____

Policy Number: _____

Phone number: _____

Health:

Food or Drug sensitivities: _____

Physical Limitations: _____

Pre-existing Conditions: _____

MEDICAL CONSENT/AUTHORIZATION:

In case of an accident or serious illness, I request that a Steele Creek Martial Arts representative contact me immediately. If I cannot be reachable I hereby authorize an SCMA representative to seek emergency medical treatment with a health care dispenser or hospital or initially by the SCMA representative, if necessary.

I authorize Steele Creek Martial Arts to administer any medications that I leave in their possession for my child, with the specified directions/indications, left for its use. No medications will be administered other than those that are specifically left in their care

Parent/Guardian Signature: _____ Date: _____

Enrollment Agreement

Tuition: _____ Down Payment: _____
 Program: _____ Remaining balance: _____

The undersigned agrees to a Monthly/ Twice Monthly payment plan in the amount of _____ commencing _____ with all subsequent installments due on the same day of each consecutive Period until paid in full.

Payment Authorization

I authorize Steele Creek Martial Arts to deduct from my credit card/bank account reflecting upon the information stated in the below payment information:

Credit Card Type:	
Credit Card Number:	_____
Expiration Date:	Card Holder Name Printed
Security Number:	_____
	Card Holder Signature

****PLEASE DETACH THE FOLLOWING GUIDELINE SUMMARY AND RETAIN FOR YOUR RECORD****

CONTACT INFORMATION: Office Number: 980-498-2336 Email: steelcreekmartialarts@outlook.com Text messages will be sent out to the program participants from "210-00" Please "opt-in" to assure you receive these messages

Color Belt Testing is typically scheduled for the 1st Friday evening of each month (it may vary due to Holidays and events) or Saturday. A child must have the minimum required classes and all 4 stripes that represent each of the requirements that are needed for testing.

Each week we go over one of the four requirements (Breaking, Self-Defense, Poomsae, and Sparring Combinations) There is also a knowledge portion available in the Library in the Kicksite Portal, and must be studied at home.

Once the Master Instructor or an Instructor believes the student is ready for testing a testing form will be sent home for the child to fill out with their parent or they may complete it at the dojang.

Thank you so much for choosing STEELE CREEK MARTIAL ARTS for your children! We are so excited to help them grow into AWESOME young men and women!