



Osprey Karate

Enrollment Form

843-901-8575

www.ospreykarate.com

Daniel Island
295-B Seven Farms Drive

Clements Ferry
454-C Deanna Lane

Buyer(s) Name: _____

Mailing Address: _____

City: _____ ST: _____ Zip: _____

Best Contact Number: _____ (Home Cell)

E-Mail (for Correspondence purposes ONLY): _____

Student 1: _____ Age: _____ Program: _____

Student 2: _____ Age: _____ Program: _____

Student 3: _____ Age: _____ Program: _____

Student 4: _____ Age: _____ Program: _____

Student 5: _____ Age: _____ Program: _____

Student 6: _____ Age: _____ Program: _____

Student 7: _____ Age: _____ Program: _____

Student 8: _____ Age: _____ Program: _____

Enrollment Date: _____ Enrollment Type: ___: Pay-As-You-Go ___:Direct Debit ___:Pre-Pay

For Direct Debit Only:

Monthly Tuition: \$ _____

Name on Card: _____

Card Number: _____ Exp: _____

Billing Address: _____

_____, _____

Waiver of Participation: I hereby waive all rights and claims for damages against Osprey Karate, LLC and release Osprey Karate, LLC, its representatives, agents, sponsors, supervisors, employees and instructors of all liability, directly or indirectly connected to participation in all events and activities associated with Osprey Karate, LLC and its partnering entities. Osprey Karate, LLC retains all rights to terminate or suspend this contract for any unpaid fees, unlawful actions or misrepresentation on the part of above mentioned student(s) and/or buyer.

Buyer Signature: _____ Date: _____