

2021/22 Transported After School Karate Registration

Student(s) Name: _____

School: DIS, PSE&M, or Elevate: _____ Grade(s): _____

Parent(s) Name: _____

Billing Address: _____ City: _____ ST: _____ ZIP: _____

Mother Cell Phone: _____ Father Cell Phone: _____

Mother E-Mail Address: _____

Father E-Mail Address: _____

Emergency Contact (other than Parent/Guardian): _____

Home Phone: _____ Cell Phone: _____

List Any Food Allergies/Concerns: _____

Enrollment Options (please check all that apply)

___: First Child \$400/month

___: Second Child \$400/Month

___: Third Child \$375/Month

___: Fourth Child \$350/month

Total Ordered: _____/month

Payment Options: (check one)

___: Cash/Check/Monthly CC/Venmo Payment (Payment due on the 1st of each month. After the 3rd a \$5/day late charge will be assessed if previous arrangements not made.)

___: I authorize my credit card to be run on the second of each month in the amount of \$ _____

Card # _____ Exp: _____ CVV # (on back): _____

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.

Parent/Guardian Signature: _____ Date: _____

Osprey Karate Accepts Visa/MC/Discover/American Express/Cash/Check & Venmo for Monthly Payments