



9111 B Executive Park Drive, Knoxville, TN 37923

THIS MEMBERSHIP AGREEMENT ("Membership") is made and entered into by and between the Client/Buyer and Tiger-Rock Martial Arts of West Knoxville After School Program.

Membership in the After School Program at Tiger-Rock Martial Arts of West Knoxville includes pick-up from school, after school care until pick-up time at 6:00p.m., membership to Tiger-Rock Martial Arts of West Knoxville Martial Arts Program.

Signing this membership agreement locks the below listed student in Tiger Rock Martial Arts of West Knoxville's After School Program until the last day of school for the Knox County School System Semester. Upon signing this agreement, the buyer agrees to pay 5 payments of tuition for the After School Program regardless of attendance.

Student Name: _____

Student Name: _____

Student Name: _____

Program: **AFTER SCHOOL PROGRAM**

Start date: _____

Tuition price: \$410/month/student (Full-Time)

Membership Fee: **\$99 for Kindergartners** **\$149 for 1st-5th graders** **PLUS TAX**

The undersigned agrees to pay the total number of financed payment(s) shown above in ONE MONTHLY installment(s) of TUITION PRICE with the first installment being payable on THE STARTING DATE and all subsequent installment(s) on the same day of each consecutive month within the context of school year until the end of the current Knox County Schools Semester

Buyer Name: _____

Buyer ADDRESS: _____

Buyer CITY, STATE, ZIP: _____

I authorize Tiger-Rock Martial Arts of West Knoxville, and Tiger-Rock Martial Arts of West Knoxville Academy to deduct ONE MONTHLY payment(s) of THE TUITION PRICE DESCRIBED ABOVE on the provided credit/debit card or checking or savings account above every month beginning on the above stated payment date. Membership cancellation will be applied after the end of the school semester in December or May if student does not want to continue in Tiger-Rock Martial Arts of West Knoxville Academy's After School Program. Upon signing this agreement, the buyer agrees to pay 5 payments of tuition for the After School Program regardless of attendance.

Buyer signature: _____ Date: ____/____/____

TRMA Witness signature: _____ Date: ____/____/____



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Afterschool Membership Application (please print)

First Name: _____ Middle Initial: _____ Last Name: _____
Address/City/State/Zip: _____
Sex (circle one): Male Female Date of Birth: __/__/__
Race(circle one): Hispanic African American Anglo Asian Multi-Racial Other
School: _____ Grade: _____

Contact Information

Mother's Name: _____ Phone #: _____ Cell#: _____
Father's Name: _____ Phone #: _____ Cell#: _____
Primary Contact Name: _____ Relationship: _____ Cell#: _____
Secondary Contact Name: _____ Relationship: _____ Cell#: _____
Emergency Contact Name: _____ Relationship: _____ Cell#: _____

Medical Information

Doctor Name: _____ Doctor Phone #: _____
Any Health Concerns (circle one): YES NO If yes, explain:

Current Medications: _____

Pick up List

Please list all people who are allowed to pick up the above listed child. **If someone OTHER than the Primary and Secondary Contact is picking up, Tiger Rock must be notified via phone, text, or email.** Photo ID must be shown for pick up.

Other Information

Dietary Restrictions: _____

Parent Signature: _____ Date: __/__/__ TRMA Witness: _____



AUTO PAY AGREEMENT

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BUYER'S INFORMATION

Name: _____
Address: _____
City, State, ZIP: _____
Phone: _____ Email: _____

STUDENT(S) INFORMATION

Name: _____ D.O.B: ____/____/____
Name: _____ D.O.B: ____/____/____
Name: _____ D.O.B: ____/____/____

BILLING INFORMATION

Monthly Due: _____ Draft Date: _____

BANKING INFORMATION (No additional fees if you choose this option)

Routing Number: _____ Account Number: _____

CARD INFORMATION (3.25% service charge on ALL transactions if you choose this option)

Card Number: _____
Card Type: _____ EXP Date: _____ CVV: _____

CANCELLATION TERMS & CONDITIONS: This is a continuous membership with no expiration date and no built-in termination date. You may cancel this membership at any time with a 60-DAY WRITTEN NOTICE (does not apply to after school memberships). Intent to cancel must be done by completing the INTENT TO CANCEL MEMBERSHIP FORM and be presented in person to this Tiger-Rock Martial Arts academy. Cancellation of membership will not be accepted via telephone, voice mail, text messaging, email, or other electronic communication, no exceptions. Final payment for the remaining days of membership will be due regardless of participation. **RELOCATION:** You may cancel this Auto-Pay Agreement if you relocate 25 miles or more from this Tiger-Rock Martial Arts location. Proof of relocation is required and a non-negotiable \$50 EARLY TERMINATION PROCESSING FEE will be applied. **MEDICAL TERMINATION:** If a member becomes medically unable to participate in martial arts, this membership may be cancelled with a WRITTEN DOCTOR'S ORDER and a non-negotiable \$50 EARLY TERMINATION PROCESSING FEE will be applied. (After School Cancellation does not fall under the above listed terms.)

Initial Here

OTHER EXPENSES: With my initials, I acknowledge that there will be additional required expenses as a part of this Tiger Rock Martial Arts membership. I understand that additional expenses such as, but not limited to, Competition Fees, Belt Testing Fees, Safety Gear, and Training Equipment will be required, in addition to monthly membership dues over the lifetime of this membership. Please note that monthly membership dues and pricing of expenses listed above are subject to change. All card transactions carry an additional 3.25% service charge.

Initial Here

With my signature, I am authorizing TIGER ROCK MARTIAL ARTS to automatically draft my credit/debit card or my bank account as indicated for monthly membership dues and services. I agree not to dispute any charges nor will I execute any "chargebacks" according to the Terms of this Auto Pay Agreement. This agreement is governed by Tennessee Law and is performable in the county in which the academy is located.

Buyer Signature: _____ Date: _____

TRMA Witness: _____ Date: _____



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I, _____ (Parent/Guardian Name) give permission for my child, _____

(Member Name) to attend the age and rank appropriate Martial Arts classes offered through my membership at the After School Program at Tiger-Rock Martial Arts of West Knoxville unless I dismiss my child through pick-up before classes. I understand that unless written excuse is presented with my child they will be in attendance of class and unable to be dismissed early due to disruption of class flow and structure.

RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT: I, the above-named person being eighteen or above, or the legal guardian of the above named person who is under 18 in consideration of the services of Tiger-Rock Martial Arts of West Knoxville, West Knoxville Tiger-Rock TaeKwonDo, LLC, and/or Tiger-Rock Martial Arts International (TRMAI), the rate charged for those services and the right to engage in activities at Tiger-Rock Martial Arts of West Knoxville Academy and TRMAI as a participant hereby acknowledge, agree, promise, and covenant with Tiger-Rock Martial Arts of West Knoxville Academy and all other persons or entities which may be connected with Tiger-Rock Martial Arts of West Knoxville Academy TRMAI as follows.

I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Tiger-Rock Martial Arts of West Knoxville Academy, and/or TRMAI, their officers directors, shareholders, agents, licensed affiliates at Tiger-Rock Martial Arts of West Knoxville Academy, AND/OR TRMAI, all of the purposes herein referred to as "releases," from all liability to named participants, or the legal guardian of the named participant, his or her personal representatives, assigns, heirs, and next of kin for any and all loss or damaged, and any claim demands therefore, on account of injury or illness to the person or property or resulting in the each of named participant, whether caused by the negligence of the Releasees, or otherwise while the participant is participating in any Tiger-Rock Martial Arts of West Knoxville Academy, and/or TRMAI event whether it be active participation or mere observance.

PHOTO RELEASE: I hereby consent to the use of any photography and videography of the person named on the reverse side of the waiver who is under 18 in consideration of the services of Tiger-Rock Martial Arts of West Knoxville, on but not limited to Social Media, Print Advertisement, and Tiger-Rock Martial Arts of West Knoxville Academy's website.

Please check all days that your child will be attending age/rank appropriate Martial Arts classes provided by Tiger-Rock.

Monday Tuesday Wednesday Thursday Friday

_____ / / _____

Parent/Guardian Signature

Parent Name

Date

_____ / / _____

TRMA Witness Signature

TRMA Witness Name

Date



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By completing this membership application to the After School Program at Tiger-Rock of West Knoxville, I, _____ (Parent Name):

1. Give my permission for my child to become a member of the After School Program at Tiger-Rock of West Knoxville and understand that the After School Program at Tiger-Rock of West Knoxville is not responsible for lost or stolen items.
2. Allow my child to be transported to and from any After School Program at Tiger-Rock of West Knoxville activity and any approved special events.
3. Give permission for my child's picture, moving pictures, and any other graphic depiction or likeness to be used by the After School Program at Tiger-Rock of West Knoxville for publicity and outreach purposes.
4. Understand that as a member of the After School Program at Tiger-Rock of West Knoxville, my child may have access to the internet. The After School Program at Tiger-Rock of West Knoxville will have rules and consequences in place at the program for inappropriate behavior; however, the program will not be responsible for the consequences of access to inappropriate materials on mobile devices brought from home.
5. Understand that the After School Program at Tiger-Rock of West Knoxville is NOT, nor does it claim to be, a licensed day care center. Parents and Academy members are responsible for their own transportation from the program before and after hours.
6. The parent/guardian of the minor child listed on this application, for ourselves, executors, and administrators, hereby release, waive, and forever discharge the After School Program at Tiger-Rock of West Knoxville, their staff, owners, visitors, volunteers, and field trip providers from all liability, claims, or causes of action for any and all loss, damage, injury, or death and any claim of damages resulting from use of facilities owned or controlled by the above company, or participation in activities of said organizations either at or away from the academy. The parent/guardian hold the After School Program at Tiger-Rock of West Knoxville harmless for any loss, damage, or injury as stated above.
7. Give permission, in case of accident or injury, that emergency first aid be given and that warranted treatment by a doctor or hospital be permitted. The After School Program at Tiger-Rock of West Knoxville is not responsible for the cost of treatment for personal injury; nor is the After School Program at Tiger-Rock of West Knoxville responsible for any personal injury or loss of property.
8. Give permission for the After School Program at Tiger-Rock of West Knoxville to survey my child about his or her program experience, behaviors, skills, and attitudes.
9. Understand that my child will have an absolute blast at the After School Program at Tiger-Rock of West Knoxville and will bring the fun and excitement every day, ready to be a rock star, and have a great time! My child will have awesome experiences, make great friends, learn how to live by the tenets of Tiger-Rock, and gain a wonderful sense of community and confidence in self that will lead them on to even greater things in life—because they are fantastic!

_____	_____	___/___/___
Parent/Guardian Signature	Parent Name	Date
_____	_____	___/___/___
TRMA Witness Signature	TRMA Witness Name	Date



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To TIGER-ROCK STAFF

This letter is to advise you that my child _____ (Member Name) will be attending the After School Program at Tiger-Rock of West Knoxville. I am giving my written permission for a representative from the After School Program at Tiger-Rock of West Knoxville to pick them up on the below listed days when school lets out. Each member of the After School Program at Tiger-Rock of West Knoxville is advised and required to show I.D. when necessary. If you have any questions regarding this permission, please feel free to contact me at _____ (Phone Number).

Thank you for your consideration.

Sincerely,

_____	_____	___/___/___
Parent/Guardian Signature	Parent Name	Date

_____	_____	___/___/___
TRMA Witness Signature	TRMA Witness Name	Date

Please check all days that your child will be attending the After School Program at Tiger-Rock of West Knoxville.

Monday Tuesday Wednesday Thursday Friday



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To _____ (school name)

This letter is to advise you that my child _____ (Member Name) will be attending the After School Program at Tiger-Rock of West Knoxville. I am giving my written permission for a representative from the After School Program at Tiger-Rock of West Knoxville to pick them up on the below listed days when school lets out. Each member of the After School Program at Tiger-Rock of West Knoxville is advised and required to show I.D. when necessary. If you have any questions regarding this permission, please feel free to contact me at _____ (Phone Number).

Thank you for your consideration.

Sincerely,

Parent/Guardian Signature

Parent Name

___/___/___

Date

Please check all days that your child will be attending the After School Program at Tiger-Rock of West Knoxville.

Monday

Tuesday

Wednesday

Thursday

Friday