Dragon Gym's

After School Martial Arts and Leadership Program

Gives children a high level of confidence and sets them on a course of lifetime leadership and success.

Dear Parents,

You know how difficult it is to find a quality After School Program. Most programs are little more than glorified babysitting services with no structured plan to improve your child's health, self-esteem, behavior, confidence, focus, manners, leadership skills or self-discipline.

Worry no more—your child can enjoy a fun, safe, structured, top-quality Martial Arts program at The Dragon Gym!

At our **Dragon Gym After School Martial Arts Program** your child will get into great shape physically and learn valuable self-defense skills. But that's just the beginning.

Your child will also develop:

- Better manners
- Self-discipline
- Goal-setting skills
- Time-managements skills
- Leadership skills

- Study skills
- Improved behavior and more respect
- Concentration and focus
- Weight Loss
- Stress management skills

Many of our junior students even enjoy better grades and academic success at school as a result of their improved self-discipline, concentration and study skills!

Dragon Gym Martial Arts and Leadership Program

- Students are picked up from the local schools and brought directly to Dragon Gym
- Up to 5 days of martial arts classes per week
- Supervised Quiet Time / Homework Time
- Serving East Ward and Collegium Exton

*If you would like to add your child's school, we need at least four students from that school to register for this program.

Spots are limited. Contact us today!

Dragon Gym Martial Arts & Fitness – 267 S. Whitford Rd., Exton, PA – 610-363-7575 www.dragongym.com

So, What's Next?

- 1. Read the program options on the following page
 - 2. Choose the best fit for you and complete the application on pages 3, 4 & 5
- 3. Complete the permission slip on page 6, and make sure the school office has it before the first day of pick up
 - 4. Mail, email, Fax or bring in the completed application back to us before 8/15 to receive a Dragon Gym uniform for FREE!
 - 5. If your school requires a "Pick Up Placard" fax that to us as well

Dragon Gym Martial Arts
267 S Whitford Rd., Exton, PA 19341

Email: changeyourlife@dragongym.com

Fax: 610-363-0269

Phone: 610-363-7575



After School Martial Arts and Leadership Program: Read and check off the following items to get started.

Yes!: I can't pass up this amazing offer and opportunity to help ensu	ure my child's future success and wish
to enroll my child(ren) in the Dragon Gym After School Martial Arts & Lea	adership Program
$\ \square$ I will submit this completed application before 8/15/2015 in order to Gym Uniform for FREE	receive my first week and a Dragon
$\ \square$ I understand that I will be billed on a weekly basis as specified on the	ne following pages of this application
☐ I understand the following requirements and will ensure that my chil	ld(ren) and I will uphold them
Requirements of the Dragon Gym After School & Leadership Program	
 Students must be ages 5-14. Contact us for exceptions. Two Emergency Contacts The Dragon Gym WILL NOT Pick Up on Half Days or Early Bring school work / reading book for afterschool activity Bring a Healthy Snack every day. Bring martial arts uniform and belt every day (Dragon Gym T-Shin If a student misses the bus/van it is the parent's responsibility to If School is closed we will not pick up the students If School closes early due to inclement weather, or is closed due will also be closed and we will not pick up the students Students are expected to abide by all Dragon Gym Rules and warning may result in the student being removed from the programment. 	rts are OK) pick them up ue to inclement weather, Dragon Gym Regulations. Failure to do so after 1
Signature of Applicant/Parent/Guardian Printe	d Name of Applicant/Parent/Guardian

DRAGON GYM LEGACY INC

After School Program Membership Application

CUSTOMER INFORMATION (con	nplete each item)			
Customer (First & Last Name)				
DOB DOB	Home Phone			
Work Phone	Cell Phone			
Billing Address				
City	State	Zip		
Member		DOB IIIII		
1 Member		OOB III III III		
EMAIL ADDRESS				
SCHOOL & GRADE:				
CHOOSE YOUR OPTIONS BELOW				
	Days / Week \$119/we			
	Days / Week \$104/we Days/Week \$89/wee			
	Days/Week \$64/wee			
±	l Day/Week \$44/wee			
Choose Your Pick Up Days By Checking the Boxes → Mon □ Tues □ Wed □ Thurs □ Fri □				
Fill in your weekly payment an	nount → Payme	nt Amount: \$		
FIRST PICK UP DATE		All subsequent payments are due on the same day of each consecutive week.		
FIRST PICK UP DATE BILLING METHOD	BANK DRAFT (EFT)			
	BANK DRAFT (EFT) CHECKING	due on the same day of each consecutive week.		
BILLING METHOD		due on the same day of each consecutive week. CREDIT CARD □		
BILLING METHOD BANK DRAFT (attach voided check) Name of Financial Institution	CHECKING	due on the same day of each consecutive week. CREDIT CARD □		
BILLING METHOD BANK DRAFT (attach voided check) Name of Financial Institution Routing No.	CHECKING Account No.	due on the same day of each consecutive week. CREDIT CARD SAVINGS		
BILLING METHOD BANK DRAFT (attach voided check) Name of Financial Institution Routing No. CREDIT / DEBIT Visa	CHECKING Account No.	due on the same day of each consecutive week. CREDIT CARD SAVINGS Example 1		
BILLING METHOD BANK DRAFT (attach voided check) Name of Financial Institution Routing No.	CHECKING Account No.	due on the same day of each consecutive week. CREDIT CARD SAVINGS EXAMPLE 1. SAVINGS DISC V-		
BILLING METHOD BANK DRAFT (attach voided check) Name of Financial Institution Routing No. CREDIT / DEBIT Visa	CHECKING Account No. MasterCard Am	due on the same day of each consecutive week. CREDIT CARD SAVINGS Example 1		
BILLING METHOD BANK DRAFT (attach voided check) Name of Financial Institution Routing No. CREDIT / DEBIT Visa Card No. SPECIAL INSTRUCTIONS: By signing below, I agree to act respons the information learned at the school be traditions and honour of the martial art	CHECKING Account No. MasterCard	due on the same day of each consecutive week. CREDIT CARD SAVINGS ex Disc v- code t at the school. Under no circumstances shall or self-defence. I pledge to uphold the ol. I have read all the terms set forth on the		
BILLING METHOD BANK DRAFT (attach voided check) Name of Financial Institution Routing No. CREDIT / DEBIT Visa Card No. SPECIAL INSTRUCTIONS: By signing below, I agree to act respons the information learned at the school be traditions and honour of the martial art next page of this agreement including by	CHECKING Account No. MasterCard	due on the same day of each consecutive week. CREDIT CARD SAVINGS Example 1 Example 2 Example 2 Example 3 Example 2 Example 4 Example 2 Example 4 Example 2 Example 4 Example 2 Example 4 Example 4 Example 5 Example 6 Example 6 Example 6 Example 7 Example 8 Example 9		
BILLING METHOD BANK DRAFT (attach voided check) Name of Financial Institution Routing No. CREDIT / DEBIT Visa Card No. SPECIAL INSTRUCTIONS: By signing below, I agree to act respons the information learned at the school be traditions and honour of the martial art next page of this agreement including by	Account No. MasterCard	due on the same day of each consecutive week. CREDIT CARD SAVINGS Example 1 Example 2 SAVINGS The same day of each consecutive week. CREDIT CARD SAVINGS Example 2 Example 2 Example 3 Example 4 Example 4 Example 4 Example 5 Example 6 Example 6 Example 6 Example 7 Example 7 Example 7 Example 7 Example 7 Example 7 Example 8 Example 9 E		

AGREEMENT TERMS & CONDITIONS

- 1. Failure to attend class does not signify or imply notification to cancel this agreement.
- 2. Student's failure to continue lessons during the notification or program period does not relieve the obligation to pay the remaining tuition balance in full.
- 3. Undersigned assumes all responsibility for any costs of collection, including but not limited to reasonable collection agency fees, court costs, reasonable attorney's fees, and applicable late charges that may be incurred for default payments.
- 4. School administrators may make any modifications in the class schedule as deemed necessary. Such modification does not relieve the undersigned of their payment obligations under any circumstances.
- 5. School administrators may close the school on national holidays, for the purpose of special events, and a period not exceeding four weeks per year for necessary maintenance and other purposes without affecting scheduled tuition payments.
- 6. The tuition costs for martial arts program are based on a 4 week month or a 48 week year.
- 7. By entering into the agreement the undersigned grants the school permission to use photographs, videotapes, artwork or other likenesses of the student for marketing, trade, publishing or any other lawful purpose.
- 8. In consideration of the martial arts training obtained, student agrees not to engage in martial arts teaching practices within a 25 mile radius of the school, or any other school associated with the schools administrators, for a period of 3 years following disassociation with the school, without written permission.
- 9. Full payment of tuition fees does not guarantee Belt certification by school administrators.
- 10. Membership is non-cancellable and non-transferable except as stated herein.
- 11. Students failure to attend scheduled lessons relieves the obligation of the school to provide lessons after the program end date.
- 12. Undersigned authorizes the use of a disclosed e-mail address for billing purposes and acknowledges that e-mail text may include financial information pertaining to the membership.

CANCELLATION POLICY

Cancellation of ongoing membership requires the completion of an authorized Cancellation Form which can be obtained from the school. The membership is cancelled when all payments due within the specified notification period are paid in full. If a notification period is not specified, a minimum of 30 days notice is implied. The student retains membership rights and privileges until the notification period expires.

Signature of Applicant/Parent/Guardian

TERM agreements are non-cancellable unless stated herein. School administrators may raise the tuition rate of ongoing memberships providing advance notice equal to the cancellation notice stated herein.

WAIVER OF LIABILITY

- 1. Student represents that (s)he is in good physical condition, is not suffering from any heart, lung or other bodily ailment and is in all respects physically fit to engage in the martial arts course.
- 2. Student has been advised that strict observance of the rules and regulations relative to martial arts self-defence training is mandated and includes the use of protective equipment. The school does not warrant that the protective equipment will completely eliminate the possibility of accident, injury, or death but may reduce the risk of accident, injury, or death.
- 3. Physical contact will be used by employees of the school, other students and authorized individuals, as part of the course of instruction. Student has been advised of such fact and gives full consent to any physical contact as may be required or customary to martial arts training.
- 4. In recognition of the possibility of accident, injury, or death connected with martial arts training, student waives any right or cause of action of any kind arising as the result of such activity from which any liability may or could accrue to the school, its officers, agents, employees, instructors and/or students.

CONSUMER PRIVILEGES

- 1. This agreement may be cancelled for any reason without penalty or further obligation within 3 days from the date of this agreement. Cancellation shall be made in writing and issued to the school by dated mail. All money paid by you shall be refunded by the school within 30 days of receipt of this notice of cancellation. However, the school may retain expenses incurred and the portion of the total price representing the services used and completed based on the hourly rate of \$35. Down payments are non-refundable after the 3 days.
- 2. If student becomes disabled for at least three (6) months during the membership terms, you have a right to an extension of this agreement. A letter must be submitted to the school from the student's physician explicitly stating medical condition and estimated time unable to participate in the martial arts program.
- 3. You may cancel this agreement if the student changes residence more than 25 miles from the school. Cancellation under this section requires written proof of new permanent address, phone number, and name and address of new employer. Cancellation is effective the date of move or upon official notification to the school, whichever is later. A residence investigation may then be conducted.
- 4. If student becomes deceased, you shall be relieved of further obligation under this agreement not then due and owing.

Date		

Turn in this sheet to Dragon Gym We will forward it to Rover.

ROVER COMMUNITY

TRANSPORTATION 1002 South Chestnut Street Downingtown, PA 19335
Please Print
Full Name:
Address:
Township:
Date of Birth:
Phone number:
Cell phone number:
Emergency contact number:
Do you require a lift-equipped vehicle? Yes No
Do you require any special assistance? Yes No
Will you need to travel with an escort? Yes No
Is there any other information we should be aware of?
How did you learn about our service?
I hereby certify that the information given above is true, and that the ROVER identification card I receive will be used only by me. Signature:
Date:
riderover.com
OFFICE USE ONLY
Office Representative
D .

Turn in this sheet to the school office

Dragon Gym After School Program Pick Up Permission Slip
Date:
To: [Name of School]:
I am the Parent / Lawful Guardian of(student's name).
I grant permission for my child as described below:
Pick up by Krapfs/Rover Van from School.
Drop Off at Dragon Gym (267 S Whitford Rd., Exton, PA 19341. 610-363-7575)
Student's special medical needs (if any):
Name and telephone number of doctor:
Emergency contact number(s) (parent or guardian):
Authorized to Treat Minor : In the event that I cannot be reached in an emergency, I hereby permit to call 911 and/or to contact a medical facility or physician selected by the School to provide proper treatment to [student's name] and that I will be responsible for all expenses arisin association with such treatment.
Prescription or Over the Counter Medication : I certify that I will have on file in the office, a current profile enlisting necessary medications that [student's name] must take.
Acknowledgment of Notification Regarding Risk: I hereby acknowledge that I have been notified about the activities involved in this program and am aware of the risks.
Indemnity and Waiver of Claim: I, the undersigned, the [choose appropriate option] Parent / Lawful Guardian of [student's name], hereby acknowledge that as a condition of the Student participating in the activity, agree to indemnify and hold harmless the School, its employees and volunteers, the School District, its governing board, the individual members thereof, and all other district officers, agents and employees from any liability, lawsuit, cost, expense or claim of any type whatsoever (including legal fee for any harm, injury or death arising out of the above mentioned activity.
Parent's Signature: