

# Cloquet Taekwondo

1804 Washington Avenue, Cloquet, MN 55720  
(218) 878-1867 • info@cloquetmartialarts.com

## STUDENT AGREEMENT

### SECTION I: REGISTRATION INFORMATION

Effective Date: \_\_\_\_\_  
(FOR OFFICE USE)

(Please print)

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Student's Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

School or employer: \_\_\_\_\_

Please list/describe physical problems, limitations or disabilities: \_\_\_\_\_

High Blood Pressure? Y / N    Heart Problems? Y / N    Lung Disorder? Y / N    Asthma? Y / N

Any other medical information? \_\_\_\_\_

If yes to any of the above:

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student's Parent/Legal Guardian (if minor) \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

### Party Responsible for Payment: (if other than Student or Parent/Legal Guardian)

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

### SECTION II: INSTRUCTION & PAYMENT OPTIONS (see schedule of current rates)

First family member rate: \$ \_\_\_\_\_

Additional family member rate: (# additional students X \$): \$ \_\_\_\_\_

Specialty class once per week: \$ \_\_\_\_\_

TOTAL DUE EACH MONTH \$ \_\_\_\_\_

PLUS Registration fee (total # students X \$30) \$ \_\_\_\_\_ = Total Due at Enrollment \$ \_\_\_\_\_

Initials \_\_\_\_\_

**SECTION III: AGREEMENT TERMS & CONDITIONS**

CLOQUET TAEKWONDO agrees to provide martial arts instruction and training to the Student during the scheduled class times. It is the responsibility of the Student to attend classes regularly. The Student or the Student's Parent/Legal Guardian and/or Party Responsible for Payment (STUDENT and/or PAYOR) understands that the entire course fee is due and payable according to the terms of this agreement **whether or not the Student chooses or is able to attend class sessions.**  
\_\_\_\_\_ (initial)

**It is the intention of the parties that this agreement be continuing in nature,** and that it will remain in effect month-to-month unless terminated. **To terminate this agreement, the STUDENT and/or PAYOR must give a FULL THIRTY (30) DAYS written notice of termination.** Course fees will continue to be **due and payable on the first day of each month** until 30 days after such written notice of termination is received. In the event the student terminates participation, there shall be no reimbursement of any monies paid or prepaid. Be aware that you are paying for future services and may be risking loss of your money. \_\_\_\_\_ (initial)

**The STUDENT and/or PAYOR understands that promotional testing is a required part of the program, and agrees to take part in promotional testing and to pay the necessary test fees.** Further the STUDENT and/or PAYOR understands that fees paid for on-site instruction allow the student to participate only in regularly scheduled classes at the student's usual site of instruction. Additional instruction at other times, locations, or facilities may entail additional fees.  
\_\_\_\_\_ (initial)

The STUDENT and/or PAYOR understands that classes offered at the instruction site may be canceled or postponed due to planned or unplanned closings due to circumstances or events such as, but not limited to, inclement weather, legal holidays, school closings, and instructor illness. In such instances, there shall be no reimbursement, prorating, or crediting of any monies paid or due. \_\_\_\_\_ (initial)

**The STUDENT and/or PAYOR agrees and promises to pay in full the course fees indicated on this agreement by the First day of each month** (the Due Date) commencing on the date of execution of this agreement and continuing for the term of the agreement. **A \$5.00 late charge will be assessed for any payment 15 days past due (that is, received after the 15<sup>th</sup> of the month). An additional \$5.00 late fee will be assessed for any payment received AFTER THE LAST DAY OF THE MONTH.** If the STUDENT and/or PAYOR fails to pay any fee when due, in accordance with the terms of this agreement, the total balance due under this agreement shall be immediately due and payable, and will be subject to late fees. \_\_\_\_\_ (initial)

For students starting after the Fifteenth (15<sup>th</sup>) day of the month, the first month's fee shall be prorated at the rate of half (50%) of the usual monthly rate.

**The STUDENT and/or PAYOR agree to abide by all current or amended rules and conditions governing the operation of instruction sessions and the conduct of students.** CLOQUET TAEKWONDO reserves the right to amend or add to the rules and conditions, and to adopt new rules and conditions, at its sole discretion. CLOQUET TAEKWONDO reserves the right to revoke or terminate any student's agreement at its sole discretion. \_\_\_\_\_ (initial)

The STUDENT and/or PAYOR understands that there is a risk of personal injury to the Student involved in the course of instruction and related activities, and agrees that the course of instruction and related activities are undertaken at the Student's own risk. The STUDENT and/or PAYOR agrees for them self, the student, their heirs, executors, administrators, and assigns to indemnify and save harmless CLOQUET TAEKWONDO, CHRISTOPHER CORREIA and their respective representatives, agents and employees from any and all losses to the Student or to third persons in any way arising out of the course of instruction and related activities. \_\_\_\_\_ (initial)

**Initials** \_\_\_\_\_

It is the responsibility of the STUDENT and/or PAYOR to consult with a physician prior to the student commencing training to determine any possible physical limitation or potential adverse health effects associated with the course of instruction and related activities. In signing this agreement, the STUDENT and/or PAYOR gives consent for authorized medical personnel to provide such medical care as deemed necessary, should the student require such care as a result of his/her participation in the course of instruction and related activities. \_\_\_\_\_ (initial)

CLOQUET TAEKWONDO and its respective representatives, agents and employees shall not be responsible for damaged, lost or stolen articles, inside or outside the facility or site of instruction. The STUDENT and/or PAYOR irrevocably authorizes CLOQUET TAEKWONDO, and its successors and assigns, and those acting under its authority, to copy, use, or publish, for art, advertising, trade, or any other lawful purpose, photographic portraits, pictures or videotapes of the Student. \_\_\_\_\_ (initial)

In consideration of the training obtained, the STUDENT and/or PAYOR agree that during the continuance of this agreement, and for a period of two (2) years following termination of association with CLOQUET TAEKWONDO the Student shall not engage in teaching Martial Arts or offering similar training or instruction within a fifty (50) mile radius of any school operated by CLOQUET TAEKWONDO or of any affiliated school, without the express written authorization of same. \_\_\_\_\_ (initial)

**NOTICE TO STUDENT, PARENT/LEGAL GUARDIAN, PARTY RESPONSIBLE FOR PAYMENT:**

**The Student, Parent/Legal Guardian and/or Party Responsible for Payment  
will read the entire agreement (3 pages) before signing.**

**PLEASE INITIAL WHERE INDICATED AT THE BOTTOM OF EACH PAGE  
AND**

**WHERE INDICATED AT THE END OF EACH PARAGRAPH OF THE TERMS OF THE AGREEMENT**

The Student, Student's Parent/Legal Guardian, and/or the Party Responsible for Payment shall read this entire agreement, including Section III (Agreement Terms & Conditions) and any attachments or addenda, before signing. The Student will be able to take promotion tests upon recommendation of the Instructor(s). Promotional testing, uniforms, equipment, seminars, tournaments, and other items and events separate from the customary on-site classes entail additional fees or costs not detailed in the terms of this agreement. This agreement comprises the entire agreement pertaining to instruction, and no other agreement of any kind will be recognized. This agreement is not transferable.

**I/we acknowledge that I/we have read (or had read to me) this entire agreement, and I/we knowingly enter into it and agree to abide by its terms and conditions:**

Student or Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Party Responsible for Payment Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if other than Student or Parent/Legal Guardian)

**Initials** \_\_\_\_\_