



# Ling's Oriental Martial Arts, LLC

## Student Enrollment Agreement

5707 Pebble Village Lane  
Noblesville, IN 46062  
lingsorientalmartialarts.com

This agreement must be read, completed and signed by the student or parent/guardian if student is under 18 years old. We require 30 day advanced notice in writing for any changes/suspensions/cancellations to your account. By signing this agreement you are agreeing to Ling's Oriental Martial Arts Terms & Conditions, Code of Conduct and fees (see below).

Applicant/Parent Name: \_\_\_\_\_ DL #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

### Student Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do any of the students have current or past illnesses or injuries that the instructor should know about? Y \_\_\_\_ N \_\_\_\_

If yes, please explain: \_\_\_\_\_

### Enrollment Options

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Enrollment Fee:</b> \$99   | <input type="checkbox"/> <b>Family Pack A:</b> \$250/month (2 students, 1 martial art)   |
| <input type="checkbox"/> <b>Single Martial Art:</b> \$150/month individual student   | <input type="checkbox"/> <b>Family Pack B:</b> \$325/month (3 students, 1 martial art)   |
| <input type="checkbox"/> <b>1 Class per Week:</b> \$90/month individual student  | <input type="checkbox"/> <b>Family Pack C:</b> \$375/month (4 students, 1 martial art)   |
| <input type="checkbox"/> <b>Annual Enrollment Discount:</b> 1 month free when annual enrollment is paid in full in advance | <input type="checkbox"/> <b>Add a discipline:</b> \$25/month per student, per discipline<br>(Testing fees, uniforms and equipment are not included with monthly enrollment.) |

### Disciplines:

Kung Fu       Taiji       Aikido       Karate       Kobudo

### Payment Information:

1st Payment: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Cash     Check     Direct Deposit    (payments must be made by the 5th of each month or a \$25 late fee will apply)

Credit Card    Name on Card: \_\_\_\_\_    Billing Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_    Expiration: \_\_\_\_\_    CVV: \_\_\_\_\_

Signature: \_\_\_\_\_    Date: \_\_\_\_\_