



Attention parents and students,

Thank you for your interest in our martial arts program. National Karate MMA teaches a variety of martial arts disciplines, including Tae Kwon Do, Brazilian Jiu Jitsu, Muay Thai, Japanese Karate, Israeli Krav Maga, and boxing. Our focus is on real world situations and character development.

The purpose of this program is to instill confidence and discipline through a variety of drills and exercises. We teach self-defense using concepts rather than memorization. We want our students to be able to respond to a situation without having to think and freeze up during that initial adrenaline dump caused by a high intensity situation. We teach both bully defense (how to respond in school) and stranger defense (how to respond on the streets)

This is not a belted program, but rather an opportunity to expose your child to martial arts and develop the skills needed to cope in everyday life.

Classes will be taught by Andrew Maness "Coach Drew". Coach Drew started his martial arts career at National Karate at the age of 14 in October of 1988. He moved to Spartanburg in 1997 to teach and learn more skills with Spartanburg Martial Arts. In 2012 he returned to Summerville to take over National Karate, which is also when he became a member of Cathedral.

If you have any additional questions and/or concerns, please do not hesitate to contact Coach Drew via email at [nationalkaratemma@yahoo.com](mailto:nationalkaratemma@yahoo.com) or visit our website at [nationalkaratemma.com](http://nationalkaratemma.com)

Kindest regards,

Andrew Maness "Coach Drew"

Child's full legal name: \_\_\_\_\_ Child's preferred name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Child's Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Mobile phone provider: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Workplace: \_\_\_\_\_ Mother's Workplace: \_\_\_\_\_

Father's Work #: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

Father Cell #: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

I do \_\_\_\_\_ do not \_\_\_\_\_ give consent for my child to be photographed and/or videotaped for social media, internet, and/or print copy advertising and promotions.

How did you hear about us? Circle one: Facebook-Google-Lowcountry Parent-Yellow Pages-Other

Did a current NK MMA student refer you to us? Yes No Name of Student \_\_\_\_\_

Is there any information about the student that the National Karate MMA staff should be aware of? (ex. Learning disabilities, physical impairments, emotional issues)

\_\_\_\_\_

\_\_\_\_\_

#### RELEASE FORM

I, \_\_\_\_\_, understand that National Karate MMA., NK MMA LLC, National Karate Institute, Summerville Samurais, Goose Creek Samurais, KHMD, LLC, West Ashley Samurais, NCW Enterprises, LLC, its instructors, owners, partners and staff are not responsible in any way for personal injuries that may occur before, during or after martial arts classes or any activities taking place on the premises owned by the above mentioned.

I understand that National Karate MMA., NK MMA LLC, National Karate Institute, Summerville Samurais, Goose Creek Samurais, KHMD, LLC, West Ashley Samurais, NCW Enterprises, LLC, its instructors, owners, partners and staff, do not carry any medical insurance for students or persons participating in class or doing any activity on the premises.

I understand that I must have my own medical insurance to participate in karate classes or any function that occurs on the premises located at 827 Travelers Blvd. Summerville, SC 29485, 105 St. James Ave. Goose Creek, SC 29445 and 1119 Wappoo Rd. Suite K Charleston, SC 29407. I understand that karate training does involve physical contact in sparring and other training drills, and that participation is at one's own risk. A student may choose not to participate in any class function that requires physical contact (sparring, etc.) with another person. A student's parent may choose this option if the student is under 18 years of age.

I understand that violation of any agreement on this release form can result in immediate dismissal from participation in karate classes or functions held by National Karate MMA.

I have read all of the above and fully agree to and understand my commitments to the conditions stated in this signed document.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if participant is under 18 years of age)

# National Karate MMA

827 Travelers Blvd. Summerville, SC 29485

## Enrollment Form/ Tuition and Course Agreement

Page 1 of 4

Intro Course: Month to Month

Enrollment Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Samurais: Weekly/Bi-weekly/ Month

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Same Wife Husband. Daughter Son  Minor

Primary Student D.O.B RELATION TO BUYER

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Same Wife Husband. Daughter Son  Minor

Additional Student D.O.B RELATION TO BUYER

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Same Wife Husband. Daughter Son  Minor

Additional Student D.O.B RELATION TO BUYER

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Same Wife Husband. Daughter Son  Minor

Additional Student D.O.B RELATION TO BUYER

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Same Wife Husband. Daughter Son  Minor

Additional Student D.O.B RELATION TO BUYER

The term "STUDIO" hereinafter indicates NK MMA, LLC d/b/a National Karate MMA. The term "STUDENT" indicates all persons listed above. The term "BUYER" indicates the person responsible for payment for the Course of Instruction described below, as well as being the parent and/ or guardian of minor students (under the age of 18) whose names are listed above. The Buyer of this Course of instruction is:

Buyer: \_\_\_\_\_

### "COURSE OF INSTRUCTION" DESCRIPTION:

In return for the "base tuition" described below under "statement of disclosure," studio agrees to provide student with professional martial arts instruction, as well as the use of its facilities and training equipment during the term described below:

primary student's course of instruction begins \_\_\_\_/\_\_\_\_/\_\_\_\_, and ends 30 days after written notice of cancellation is received by studio management.

STUDIO POLICIES, RULES, AND CONDITIONS OF ENROLLMENT BEGIN ON THE REVERSE SIDE (Page 2 of 4)

PAID TODAY: \$ 75<sup>00</sup> CHECK # \_\_\_\_\_ FOR ( ) REG. FEE (X) 1<sup>ST</sup> TUITION PYMT ( ) PAID IN FULL TUITION

STATEMENT OF DISCLOSURE:

Total Amount Base Tuition: \$ 75<sup>00</sup> /Mo./Wk.

Minus Initial Payment: \$ 75<sup>00</sup>

Unpaid Balance of Tuition: \$ 0

Buyer agrees to pay the Base Tuition in monthly weekly installments of \$ 75<sup>00</sup> each wk mo with the first installment due on \_\_\_/\_\_\_/\_\_\_ and all subsequent installments on the same day of each consecutive month shall be made directly payable to Studio's tuition billing service.

Billing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_ Type: \_\_\_\_\_

Billing Zip Code for Card: \_\_\_\_\_ CW code on Card: \_\_\_\_\_

Name as it appears on the Card: \_\_\_\_\_

For value received, I promise to pay the total above written sums in the manner set forth in the Statement of Disclosure, and I acknowledge that I have received a filled-in signed copy of this Agreement with The Policies, Rules, and Conditions of Enrollment set forth herein. I understand that I have a SEVEN DAY TRIAL period to evaluate this enrollment agreement and the services provided by STUDIO before I am committed to fulfilling the terms herein. I may cancel this Agreement within the first seven days by following the guidelines in paragraph #15 on page 4 of 4. I further understand that failure to regularly attend instruction classes and utilize STUDIO facilities does not relieve me of this obligation- regardless of the circumstances- to pay the full tuition amount due as outlined in the Statement of Disclosure.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Buyer Signature

Date



\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Approved and Accepted for STUDIO by

Date