

T&T Martial Arts, Ltd.
P.O. Box 360193
Cleveland, OH 44136
(440) 552-7635



WELCOME!

We are very excited to have you join the T&T Martial Arts, Ltd. family. Our commitment to you and your family's training and well-being is unmatched.

During the next several months you will begin to see a tremendous improvement in your, and/or your child's, confidence, physical conditioning, discipline, and humility. This growth in character will be directly related to the many Martial Arts Training Programs offered by T&T Martial Arts, Ltd.

Thank you for entrusting T&T Martial Arts, Ltd. with this very important and worthwhile responsibility.

Master Ted Beltavski, Owner
T&T Martial Arts, Ltd.

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PAYMENT SCHEDULE:

Each tuition payment is due no later than the final day of the payment period. In some cases this can mean monthly, quarterly, semi-annually, or annually.

Promotion Testing Fees are due at the time of examination.

***Please remit your payments to:**

T&T Martial Arts, Ltd.
P.O. Box 360193
Strongsville, Ohio 44136

*** Payments can be mailed, or given directly to Master Ted or Tina Beltavski, Master David Zivkovic, Master Rick Morad, or Instructors Melissa Di Blasi, Aaron Di Blasi, Kristi Martucci, Brian Athey, or Kevin Slodic.**

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INSURANCE WAIVER AND RELEASE:

Name: _____

Date of Birth: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone(s):

Home: (____) _____

Work: (____) _____

Please list any medical condition(s) that may affect your participation:

I understand that T&T Martial Arts, Ltd., its employees, volunteers, or sponsors will not be held responsible for any injuries suffered during the Martial Arts Program, on or off the facility, used or while en-route to, or from, the program. I understand that no supplemental insurance is offered or available. I acknowledge that the above participant has no known conditions that would prevent him/her from participation and that they are in proper physical condition to perform in the Martial Arts activity.

Signature of Participant

(Or Parent/Guardian Signature if participant is under 18 years of age.)

Date

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CONTACT INFORMATION:

Please complete and return the following contact information page.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (Home) _____

(Work) _____

(Cell) _____

E-Mail: _____

Please indicate your preferred method of contact:

Snail Mail

E-Mail

Cell Phone

Home Phone

Work Phone

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CREDIT CARD PAYMENT OPTION INFORMATION:

It is our goal at T&T Martial Arts to make the payment of our student's monthly fees as convenient as possible, both for the students themselves, as well as their families. Therefore, beginning in January of 2007, we will introduce a much more convenient method for students to satisfy their monthly tuition payments. All fees (including monthly class tuition, equipment purchases, tournament registrations, and all other miscellaneous fees) in any given month will be due no later than the last day of the calendar month in which they are due. Fees for students who pay on a quarterly or annual basis will be due no later than the final day of the last month of the agreement.

In order to facilitate the ease with which students and parents alike can make payments, T&T will offer the option of payment by credit card beginning in January of 2007. This will provide each T&T student with the ability to pay their tuition/fees through the use of a credit card. Any student showing consecutive months of late payment will be required to enroll in the credit option so that their account may be kept current.

T&T Martial Arts, Ltd. abides by the laws of the State of Ohio regarding the security of your credit card information, and therefore guarantees the security of this information for the life of your agreement.

If you would like to take advantage of this new and more convenient method of payment beginning in 2007, please provide the necessary information below to enroll in our new credit card payment program:

Name (As it appears on your card): _____

Credit Card Type: _____

Credit Card #: _____

Credit Card Expiration Date: _____

Credit Card Security Code: _____

(Your security code is a 3 Digit Number shown only on the back of your card immediately following your credit card number.)

Credit Card Billing Address: _____

Signature: _____

Check here if you authorize billing of all fees at the end of each month: _____

Check here if your card is only to be billed following late payment: _____

You may contact Master Ted Beltavski directly at (440) 552-7635 to cancel the use of this credit card at any time.