



55 Portion Road  
Ronkonkoma, NY 11779  
(631) 615-5000  
[www.olightbodybar.com](http://www.olightbodybar.com)

### **Student Athlete Care Plan**

This Membership Agreement (“Agreement”) is entered into by O Light Body Bar (“Organization”) and \_\_\_\_\_ (parent or legal guardian of “Member”), for \_\_\_\_\_ (“Member”) and comes into effect as of \_\_\_\_\_, 202\_\_.

#### **1. Membership Benefits**

As part of membership with O Light Body Bar the Member will receive the following

- a. Two (2) Chiropractic care visits as shown on menu as The Kraken Follow up (“plan visit”) per month for said Member and Two (2) cupping, stretch or 30-minute focused massage. Parent or legal guardian is providing consent for treatment by way of signing this agreement for membership.
- b. Additional chiropractic care visits when requested at \$30 membership pricing
- c. Member will be permitted to reschedule/cancel plan visits without a cancellation fee, but will notify office as soon as possible as a courtesy to scheduled provider
- d. Member will receive a Ten percent (10%) discount off products

#### **2. Membership Dues**

- a. Member agrees to pay Four Hundred Dollars (\$200) per month beginning at the time of sign up and on the first of every month (or the next business day where the first falls on a Sunday)
- b. Member agrees to provide credit card information to put on file and said dues will be paid by credit card on file as listed below unless paid prior to the first of the month by an alternate method
- c. Member agrees to notify Organization seven (7) days prior to payment due if Member wishes to cancel membership
- d. Should the Member’s method of payment decline the Member will receive a Grace period of seven (7) days without penalty to update payment information and receive



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Membership Benefits. After seven (7) days, new Agreement will need to be signed to receive Membership benefits

3. Restrictions

- a. All plan visits must be used within the month and will not carry over to the next month
- b. All plan visits must be used by said Member or his or her listed family and are not transferable
- c. Only 2 plan visits may be used at one time (per day/per person) to request an extended visit. No extra extensions permitted for additional time

4. Liability

- a. The Member will not hold the Organization liable for any tangible or intangible damage that might happen to them while participating in the membership

**Credit Card Authorization Form**

Credit Card Information:
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other: _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date: (mm/yy) ____/____ Security Code: _____
Cardholder ZIP code (from billing address): _____

I, \_\_\_\_\_, authorize O Light Body Bar to charge my credit card upon membership sign up and the first of every month above for agreed upon membership purchase. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_

Customer Signature

\_\_\_\_\_

Date