

# SIMPLE SIGN UP - Adults Jan 1, 2023

Practical Martial Arts 5768F Paradise Dr. Corte Madera CA 94925 415.927.0899 info@practicalmartialarts.net

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ 2nd Student: \_\_\_\_\_ DOB: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Parent Name:(if under 18) \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ @ \_\_\_\_\_

Type of student:  NEW  RETURNING  ADD FAMILY MEMBER (10% discount off each additional)

## SELECT PROGRAM:

<b>Program BJJ + Kickboxing Unlimited Program</b>	6 days/week	\$249/month	\$13/class
<b>Kickboxing Unlimited Program</b>	2 days/week	\$185/month	\$23/class
<b>Kickboxing Half Program</b>	1 day/week	\$99/month	\$25/class
<b>Drop-in (credit card on file)</b>	whenever	\$0/month	\$34/class

## 1. CHOOSE CLASSES:

Add the class time: Mon/Wed at \_\_\_\_\_ Tue/Thu at \_\_\_\_\_ (Sat included in both choices)

First Day in Class: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 2. PROVIDE PAYMENT SOURCE:

(circle one): Mastercard Visa Discover

Card number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Exp: mo \_\_\_\_/yr \_\_\_\_

Billing street address & City: \_\_\_\_\_

Billing zip code: \_\_\_\_\_ CVC: \_\_\_\_\_

Name EXACTLY as it appears on card: \_\_\_\_\_

## 3. DUE TODAY: (staff to complete)

Current month of \_\_\_\_\_ prorated if applicable +\$ \_\_\_\_\_

Equipment Package: gi, gloves, belt for BJJ +\$ \_\_\_\_\_ (\$135 + tax)

TOTAL DUE \$ \_\_\_\_\_

Paid in person via Square \_\_\_\_\_ staff initials

First Payment to run automatically \_\_\_\_/\_\_\_\_/\_\_\_\_

Recurring Monthly Payment Amount \$ \_\_\_\_\_

If adding a family member this will be the new rate & include a 10% discount on the 2nd student.

## 4. SIGNATURE & RELEASE OF LIABILITY:

I authorize today's payment as well as the monthly automatic payment for tuition on the above noted account. I understand I will be charged \$25 for any type of returned payments. I agree that this Release may be made on behalf of minor participant or self and that all of the releases herein are binding on either age participant. I represent that I have full authority as parent or legal guardian of the minor participant to bind him or her to this agreement. I further agree to defend, indemnify, and hold harmless Practical Martial Arts Inc. from any and all claims or suits, including any arising as a result of any actions, inaction, or negligence on the part of the RELEASED PARTIES. I release Practical Martial Arts of liability of injury or death to me or my minor student.

- All memberships are Month-to-Month (calendar month)
- 30 days WRITTEN notice to hold or cancel: write to Info@practicalmartialarts.net
- Automatic monthly payments only, charged on the 1st of the month
- You will see "Square/Practical Martial Arts" on your statement. Contact us with any issues.

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

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

Acct made in Square  Subscription set up  QKDJ ID \_\_\_\_\_  Picture taken  Gi & gloves received

Notes: \_\_\_\_\_