

# SIMPLE SIGN UP - Kids & Teens 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: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ @ \_\_\_\_\_

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

## SELECT PROGRAM:

<b>Little Dragons</b>	Ages 4 - 6	2-3x/week	\$249/1 student	2 students \$473
<b>Kids Program</b>	Ages 6 - 12	2-3x/week	\$249/1 student	2 students \$473
<b>Teen Program</b>	Ages 13 - 17	2-3x/week	\$249/1 student	2 students \$473

## 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, nunchucks      +\$ \_\_\_\_\_ (\$85/1 kid, \$135/teen/2 kids + 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. Tuition increases yearly with cost of living. I agree that this Release is made on behalf of minor participant and that all of the releases herein are binding on that minor 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 my 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: \_\_\_\_\_