

SIMPLE SIGN UP - Adults May 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:

	BJJ & Kickboxing Unlimited Program	6 days/week	\$249/month	\$13/class
	BJJ with JJ tue/thu/sat only	3 days/week	\$195/month	\$16/class
	Kickboxing Unlimited Program	2+ days/week	\$185/month	\$23/class
	Kickboxing Half Program	1 day/week	\$99/month	\$25/class
	Drop-in (credit card on file)	whenever	\$0/month	\$34/class

1. CHOOSE CLASSES:

Add the class time: Mon/Wed/Sun _____ Tue/Thu/Sat _____
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

Print Name:

Date: _____

☐ Acct made in Square ☐ Subscription set up ☐ QKDJ ID _____ ☐ Picture taken ☐ Gi & gloves received

Notes: _____