



Office use only

PAYMENT METHOD

AMOUNT

DATE

INITIAL

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Age _____ Sex _____ Height _____ Weight _____

Home Phone _____

Emergency Name & Phone _____

Mother's Name & Cell Phone _____

Father's Name & Cell Phone _____

Email _____

List any medical problems or prohibitions student has _____

Contract Date _____

Type of Membership (choose one) _____ Trial _____ Raptor _____ Hawk _____ Basic _____ BBC _____

In consideration for Martial Art lessons furnished by instructors trained in the knowledge and traditions of Tae Kwon-Do & various Martial Arts generally, I agree to and understand the following:

1. To take a _____ membership for an amount of \$ _____ which sum represents my membership fee and is non-refundable.
2. To pay \$ _____ at the time of signing this agreement; and \$ _____ on the _____ of each month.
3. The term of my membership is _____ beginning of the date of _____.
4. \$ _____ for _____.
5. Total Due \$ _____.
6. To attend regular classes on the following days and times:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

I understand that a loss of membership can occur if my tuition payment is late. Expenses such as uniforms, safety equipment, weapons, special events, promotional test fees, tournament, etc. are additional.

I understand that Martial Arts training is an activity which requires courtesy and respect from its participants. At a minimum, a student may be denied advancement in rank or belt color due to bad behavior. A student that does not show respect for the traditions of Eternal Martial Arts and its instructors, may be asked to leave the school.

Date _____ Signature _____

Date _____ Signature _____

(Parent or guardian's signature, if under 18 years of age)