



**REGISTRATION FORM**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

If parents can't be reached in an emergency, contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Martial Arts Experience:

# Years: \_\_\_\_\_ Type of Martial Art: \_\_\_\_\_

Please state any medical condition the student has that I need to be made aware of:

\_\_\_\_\_

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TO BE COMPLETED BY OFFICE

Name	Class Day	Class Time	Subject	Length	Tuition

REGISTRATION FEE: \_\_\_\_\_

MONTHLY TUITION: \_\_\_\_\_

I have received my policy & payment schedule

\_\_\_\_\_

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

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Amount: \_\_\_\_\_