

Clemmons Family Martial Arts Student Registration Form

Please print and complete this form. You can bring the form to our training center during class times, or scan and email the form to info@clemmonsfamilymartialarts.com, or mail it to us at: Clemmons Family Martial Arts 6311 Stadium Drive, Suite H Clemmons, NC 27012.

Name of Student or Parent/Caregiver (if Minor)

First Name

Last Name

Male Female

Street Address, City, State, Zip Code

Student Birth Date

Mobile Phone

_____/_____/_____

Month Day Year

_____/_____

Area Code Phone Number

Email Address: _____

Name of Students, Ages & Gender

Name of Student # 1 _____ Age ____ Male Female

Name of Student # 2 _____ Age ____ Male Female

Name of Student # 3 _____ Age ____ Male Female

of Students Registering For Class (Check One):

TAEKWONDO REGISTRATION

- \$120.00 for one family member
- \$220.00 for two family members
- \$320.00 for three family members

HAPKIDO REGISTRATION

- \$100.00 for one family member
- \$180.00 for two family members
- \$260.00 for three family members

Please include your Name, Expiration Date, Credit/Debit Card Number, and Zip Code below.

Cardholder Name (as shown on card):

Type of Card

Credit Card/Debit Card Number

- Visa
- Mastercard
- Discover
- AmEX

Expiration Date

Zip Code of Card Holder

By checking this box I affirm I have read and do agree to the terms and conditions of the Liability Waiver described at <http://bit.ly/2jUJ7pt>.

I, _____, authorize Clemmons Family Martial Arts to charge my credit card/debit card above \$_____ the first and subsequent monthly payments I understand that my information will be saved to file for future transactions on my account. I may cancel this authorization at any time by contacting Clemmons Family Martial Arts in writing at www.cfma.biz/cancellation-policy. This authorization will remain in effect until canceled.

Date

Signature of Adult Student or Parent/Caregiver (If Minor)