

# 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](mailto: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](http://www.cfma.biz/cancellation-policy). This authorization will remain in effect until canceled.

\_\_\_\_\_

Date

\_\_\_\_\_

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