

LEE'S MARTIAL ARTS ACADEMY

3270 California Ave. SW, Seattle, WA 98116 (206) 938-3375

DEVELOP THE POWER OF POSITIVE THINKING!

CLASS REGISTRATION



NAME _____ AGE _____ BIRTHDATE _____

NAME _____ AGE _____ BIRTHDATE _____

ADDRESS _____ EMAIL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

(_____) _____ (_____) _____
HOME PHONE _____ CELL PHONE _____ OCCUPATION _____

EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____ BEST PHONE NO. _____

DO YOU HAVE ANY HEALTH PROBLEMS THAT WOULD LIMIT YOUR TRAINING?

HOW DID YOU HEAR ABOUT US?

Programs:

	Cost		Uniform		Register		Totals
<input type="checkbox"/> 3 months:	_____	+	_____	+	_____	=	_____
<input type="checkbox"/> 6 months:	_____	+	_____	+	_____	=	_____
<input type="checkbox"/> 12 months:	_____	+	_____	+	_____	=	_____

(Note: 1 class/wk = _____/month 2 class/wk = _____/month 3 class/wk = _____/month)

Payment Options: Monthly automatic debit Tuition Due Date
 Check (Payable to Lee's Martial Arts) 5th 20th
 Credit Card (Visa, Mastercard, American Express)

LIABILITY WAIVER

I release the owner, operator, and instructors of Lee's Martial Arts Academy from any liability for any damages arising out of any injury of any sort or nature suffered by the undersigned participant (or parent or legal guardian if the participant is under the age of 18) by reason of his or her participation or membership in any classes or lessons in activities of said school. No refunds or missed classes may be made up without prior arrangement.

SIGNATURE OF STUDENT, PARENT, OR LEGAL GUARDIAN

DATE SIGNED