



Hill Academy of Martial Arts Registration Form

Student's Name: _____

Age: _____ Date of Birth: _____ Sex: _____

Parent or Guardian, if student is a minor: _____

Address: _____
Street City State Zip

Home Phone #: () _____ Cell Phone #: () _____

Work Phone #: () _____ Email: _____

Physical Handicaps or Illnesses: _____

Emergency Contact: _____
Name Phone Number

Relationship to Student: _____ How did you hear about us: _____

Charges: (Make checks payable to Hill Academy of Martial Arts, LLC.)

OFFICE USE ONLY	
Non-refundable Registration Fee	\$ _____
Monthly Tuition	\$ _____
Total	\$ _____
Method of Payment	_____

All monthly dues are due on the 1st of the month. A \$10 late fee will be applied, after the first week.

A student who is behind on their tuition will not be allowed to attend classes until their dues are received or until payment arrangements have been made.

It is agreed that the student is under no obligation to continue classes and that if the student decides to drop out of school, there is no obligation for future dues. It is further agreed that Hill Academy of Martial Arts and its associates will make no refunds of monies already paid. It is understood that even if a student does not attend class in a given month, dues will be charged for that month. I certify that I have read and fully understand this agreement. I certify that all the information I have given is correct to the best of my knowledge.

Student Signature

Date

Signature of Parent or Guardian, if student is a minor

H.A.M.A. School Representative

Welcome To Hill Academy of Martial Arts!!!!