



Date: _____

Student's Name: _____ Rank: _____
(‘white belt’ if you’re a new student)

Student's Bday: _____ Student's School: _____

Guardian #1: _____ Cell Phone #: _____

Guardian #2: _____ Cell Phone #: _____

Student's Address: _____

Parent's
Email Address: _____

Allergies: _____

PAYMENT PROCESS-

All payment information is confidential and will be destroyed once entered in the Square system. Cards on file will be charged for monthly tuition, belt testing once every 10 weeks the day of test, and tournament fees.

Payment due date- (circle one) **1 2 3 4 5 6 7 8 9 10**

This will be the date that your payment will be charged to your card each month.

CARD #: _____

Ex. Date #: ____/____ **CVV #:** _____

Name on Card: _____

PLEASE WRITE ANY OTHER IMPORTANT INFORMATION ABOUT YOUR STUDENT ON THE BACK OF THIS SHEET. THANK YOU!!!

