



After School Martial Arts Registration

Student Name _____ Enrollment Date _____
 Address _____
 City _____ State _____ Zip _____
 Age _____ Date of Birth _____
 Home Phone # _____

Parent Name _____ Parent Name _____
 Parent Cell # _____ Parent Cell # _____
 Parent Work # _____ Parent Work # _____
 Email Address _____

Name and Numbers of Transportation for this child (ID will be required to pick up child)

Any Medical Concerns _____

Check schedule below you wish your child to participate

New Members _____ Full Time (4 or more days) \$70.00/week
 _____ Part Time (3 or less days) \$55.00/week
 (If part time, list days attending) _____

Edge ATA Members _____ Full Time (4 or more days) \$60.00/week
 _____ Part Time (3 or less days) \$45.00/week
 (If part time, list days attending) _____

(\$5.00 discount for more than one family member enrolled in program)

Notice: Edge ATA urges all members to obtain a physical examination from their physician prior to the attendance in any Martial Arts or Protech class, in recognition of the possible danger connected with any physical activity. Member(s) hereby knowingly and voluntarily waive any right of cause of action of any kind whatsoever arising as a result of such activity from which liability may or could accrue to Edge ATA, its officers, agents, employees or instructors. If canceling membership, legal guardian is to contact Edge ATA two weeks prior to cancellation, otherwise guardian is responsible for all monies owed to Edge ATA up to cancellation. There is an additional \$1.00 per minute charge if picked up after 6:00 pm. I understand that there are no exceptions.

I have read the above _____ Signature of Parent or Legal Guardian

Edge ATA Office Use Only

Student Name _____
 Name of Elementary School _____
 Uniform Size _____ Belt Size _____

Billing Information: Name as appears on card _____
 Card # _____
 Expiration Date _____
 Amount to be charged (weekly tuition only) \$ _____