



FOR OFFICE USE ONLY			
OWES	PAYMENT	WAIVER	CONTRACT

## Grand Slam Martial Arts

# Registration, Payment, and Emergency Contact Sheet

109 Brookneal Hwy Rustburg, Va 24588 P.O. Box 1391 (434)332-3300

Program Selected:

<input type="checkbox"/> Monthly Karate Lessons	<input type="checkbox"/> Private Lessons
<input type="checkbox"/> Competition Class	<input type="checkbox"/> Zumba Dance
<input type="checkbox"/> After School Karate	<input type="checkbox"/> Caterpillar Clubhouse

### All information required

Please fill out this form with the most recent information about the student participating in the selected program.

### General information

Title:  Mr  Mrs  Miss  Ms  Dr Age:  Birth Date:

First name:  Middle initial:  Last name:

Parent or Guardian's Name:

Mailing address:

Zip code:  Email:

Telephone:  Alternate Telephone:

Emergency Contact Information: Please give at least one person's information in case of emergency.  
 Telephone:

I, the parent/guardian of , give permission for emergency medical treatment of my child if I cannot be first contacted.

Print name of Parent/Guardian  Signature of Parent/Guardian  Date:

Medical Condition(s): Please give details of any special requirements and/or disability, medical condition etc. for you.

Please state how you heard about Grand Slam Martial Arts:

Email  Web  Marketing  GSMA Student Other (please state)

What do you want to gain from your selected program?

**Payment:** Please place a check mark and your signature next to your preferred payment choice. Signature:

I wish to pay by check or cash every month.

I wish to pay by credit or debit card every month and will supply that card on the due date.

I wish to pay by automatic deduction from my credit card every month. The amount will be deducted on the date specified below.

Please charge my MASTERCARD / VISA / AMERICAN EXPRESS\* the sum of:

Transaction Date:  \$

\*\*To stop payment, you must contact Grand Slam at least 5 business days prior to scheduled payment transaction.

Card number:

Cardholder name:  Expiration date:  /

Mailing address:

(if different from above)

Zip code:

Cardholder signature:  Date:

I wish to pay with different forms of payment every month.

To cancel your membership please inform us personally or by phone at least 1 week prior to your scheduled payment date. A \$25 charge will be added to your bill for any cards declined or checks returned.

### Data protection

Grand Slam Martial Arts will use the information you supply for the provision and administration of its activities, products, services and for marketing.