



STUDENT INFORMATION

Please complete this form prior to starting the first class.

Student Full Name: _____ DOB: _____

Email: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

How did you hear about us? _____

Any physical/allergy restrictions? _____

What are your goals with our program?

- ☐ MMA ☐ Fitness ☐ Self-Defense ☐ Confidence

What programs would you like to try?

- ☐ All ☐ Hapkido ☐ Wrestling ☐ Karate Camp
☐ Tae Kwon Do ☐ Brazilian Jiu-Jitsu ☐ Boot Camp ☐ Personal Training
☐ Muay Thai ☐ Kenpo ☐ Core & Fitness

PAYMENT INFORMATION

☐ Check box if you are updating your payment information on file.

Chandler MMA requires cancellation notice to be submitted in writing via email to info@chandlermma.com.

-You may cancel at anytime. Due upon registration, first and last month's tuition.

-Tuition can be put on hold for up to 2 months with a \$15.00 processing fee each month in one calendar year. Processing fee will be applied at time of hold. Finance Information must be current at time of hold or cancellation.

-By completing this form, you authorize Chandler MMA to charge the first and last month tuition upon registration and the monthly tuition each month thereafter using the payment method provided below until a notice is given in writing.

Full Name on the Card: _____

Billing Street Address: ☐ check if same as above _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Credit Card #: _____ Expiration: _____ CVV: _____

WAIVER

You represent that you (the student) have no emotional, mental or physical illness that could impair training or make the training injurious. While every effort will be made on our part to make the classes and facilities as safe as possible, you realize that any physical activity has the potential for injury and you waive any claim of accident and/or negligent tort damage against us and/or our principal officers or instructors resulting from the activity. I hereby acknowledge an assumption of risk by accepting and agreeing to allow my child/myself to participate in Chandler MMA martial arts and/or other related activities including karate camp field trips.

Print Student Name

Student Signature

Date

Print Parent/Guardian Name (If under 18 years of age)

Parent/Guardian Signature (If under 18 years of age)

Date