



Full Circle Martial Arts Academy, LLC.

412 5th Street Rapid City, SD 57701

1.605.388.2133

www.fullcirclemaa.com

rc.fcmaa@gmail.com

Full Circle Martial Arts Academy, LLC. (FCMAA)

Student's Name: _____ Age: _____ Birthdate: ___/___/___

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____ Current Rank: _____

Email (Required): _____ @ _____

Any special needs or health concerns? _____

Primary Guardian & Secondary Guardian (If under 18 years of age)

Name: _____ Phone #: _____

Email: _____ @ _____

Name: _____ Phone #: _____

Email: _____ @ _____

Emergency Contact (Other than Guardian)

Name: _____ Relationship: _____

Phone #: _____ Email: _____ @ _____

Payment Information

I, _____ agree to and authorize FCMAA to setup and use auto withdrawal and recurring payments for my monthly tuition with the provided bank account or credit/debit card information. I understand that there will be a one-time Registration fee of \$10 which will be deducted from my account at the time of registration. All tuition payments will be withdrawn the 1st of every month. Monthly tuition is due the 1st of each month, with a grace period till the 5th of the month. Monthly tuition not received by the 5th of each month will be considered late. A late fee of \$10 per account per week will be assessed until paid in full.

Institution: _____ Name on Account: _____

Routing #: _____ Account #: _____

OR

Card #: _____ Card Type: _____

Expiration Date: ___/___/___ CVC Code: _____ Zip Code: _____



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Publicity Consent

I authorize the use of my or my child's name and photo image in direct conjunction with publicity materials associated with the promotion of FCMAA and recognize that said materials are the property of FCMAA. I understand that I may revoke this authorization at any time by notifying our office at rc.fcmaa@gmail.com. This revocation will not affect any actions taken before the receipt of this written notification _____ (initial).

Travel Consent

I give permission for my child to be transported in a motor vehicle driven by a FCMAA Black Belt or instructor to an event at the specified location on the date indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the Black Belt or instructor _____ (initial).

Health & Liability Waiver

I agree to waive and release FCMAA, Strongheart Martial Arts Academy, Greenquist Academy Association, and its officers, agents, representatives, employees, lessors/landlords, Grand Master instructors, Master instructors, black belt instructors, and instructors from any and all liability for injury or injuries while participating in an programming through FCMAA _____ (initial).

It is the policy of FCMAA that anyone participating in FCMAA programing is responsible for obtaining their own health and accident insurance. I understand that I am responsible for my own health insurance or medical coverage and expenses for my protection while participating in FCMAA programming _____ (initial).

I understand that Taekwondo, Hapkido, and Kumdo & Kumbup are CONTACT SPORTS and I consent to participate in Taekwondo, Hapkido, and Kumdo & Kumbup _____ (initial).

Signature of Applicant: _____ Date: __/__/____

Signature of Guardian: _____ Date: __/__/____

My reason for taking marital arts classes:

Any previous martial arts experience? If so, explain:

Office Use Only

Added to Quickbooks Customers List:
 Added to Mailing List & Newsletter:
 Student Folder Created: