

# THUNDERBAY / APLEX MARTIAL ARTS, LLC

## STUDENT REGISTRATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Session: Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ Summer: \_\_\_\_\_ Class Type: Karate / Judo / Fencing / Weapons

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Any previous training? Yes or No. If so, Art Studied? \_\_\_\_\_ How Long? \_\_\_\_\_ Where \_\_\_\_\_

Current Belt Rank or Color? \_\_\_\_\_ Current clothing size? \_\_\_\_\_ GI Size? \_\_\_\_\_

Book Needed? Yes or No. Book Fee: \_\_\_\_\_ (\$10. Per book)

List any physical, medical, or emotional disabilities or concerns: (if none, please write "None" we reserve the right to ask for medical clearance to participate.)  
\_\_\_\_\_

**AGREEMENT:** I agree to follow the rules set by Thunderbay / Apex Martial Arts, LLC and I understand that failure to do so will result in the termination of my training and forfeiture of any membership dues. All Students paying the drop in rates will be required to pay the entire class fee amount by "Belt Testing" in order to receive their belts.

Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assigned Class Day: \_\_\_\_\_ Time: \_\_\_\_\_ Instructor: \_\_\_\_\_

Assistant Instructor: \_\_\_\_\_

Class Fee: \$ \_\_\_\_\_ Registration Fee: \$ \_\_\_\_\_ GI Fee: \$ \_\_\_\_\_ Book Fee: \$ \_\_\_\_\_  
( \$280./ 13 weeks) ( \$30.00 Non for summer) ( \$40.00 If not paid in full) ( \$10.00 ea. not mandated to purchase book)

Drop in Rate: \$ \_\_\_\_\_ per Week  
( \$20. Per week)

Belt Testing Fee \$ \_\_\_\_\_  
(Yellow & Purple \$15. – Blue & Green \$. – Orange & Red \$25. – Black TBA)

TB / AMA, Authorized Person: \_\_\_\_\_ Date: \_\_\_\_\_