

Emerald City  
ATHLETIC CLUB



Student Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Contact/billing E-mail \_\_\_\_\_

- Tuition Agreement is Month to Month ongoing and may be changed or discontinued with notice, prior to month start.
- Tuition payment due by the 1st of each month.
- Missed classes may not be accumulated and used as payment toward tuition.
- You may make-up missed classes by attending another class.

Tuition Plan	Monthly Tuition
1 class per per week	\$35.00
2 classes per week	\$50.00
3 or more classes per week	\$75.00

STUDENT NAME : \_\_\_\_\_ TUITION DUE \$ \_\_\_\_\_

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TOTAL MONTHLY TUITION AMOUNT \$ \_\_\_\_\_

YOUR NEXT MONTHLY PAYMENT IS DUE BY THE 1ST OF \_\_\_\_\_

By signing below I acknowledge that I have read, understand and I agree to the above tuition plan and will pay this amount monthly ongoing. If I choose to change the terms of my monthly agreement or wish to withdraw from the program, I will notify my instructor in writing or through email at sharifrobles@koeikanwa.com. I will submit this change, no later, than the last day of the month prior to the change. I acknowledge that the Koei-Kan Karate-Do program and No-Mind MMA conditioning classes are provided by the Academy of Koei-Kan Karate-Do, Inc. and its instructors located at 1910 132nd Ave NE, #11 Bellevue, WA 98005, which is independent from the Emerald City Athletic Club.

I am \_\_\_\_\_ 18 years old or older and take responsibility for my tuition obligations.

I am \_\_\_\_\_ under the age of 18 years old and my parent or legal guardian has given my permission to attend classes and is responsible for ensuring my tuition payments are kept current.

Student Signature

Emerald City  
ATHLETIC CLUB

幸 KOEI-KAN  
堂 KARATE-DO  
館 CLUB

\_\_\_\_\_ Date \_\_\_\_\_

Parent/legal guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_