

OPSMA – OPEN PALM SYSTEM MARTIAL ARTS Bradlick Shopping Center – 6960 Braddock - Annandale Va. 220003

STUDENT TRAINING AGREEMENT

(Use a separate form for each student)

Student Name:		DOB:	Age:	
Address:	Phone:			
City:	State:	Zi	p:	
Parents / Guardian Name:				
Email:				
Emergency Contact:		Phone:		
Are you in good health? If not,	please explain:			
How did you find out about our school	1?			
(1) Month Sat. Class Only \$125.00	(3) Months Sat. Class Only \$350.00	(6) Months Sat. Class Only \$600.00		
Confirmed Tuition I	Fee:	Permon	nth/s	
STARTING 1	DATE:			
Your program will entitle you to attend preset classes processes. A \$10.00 late fee will be charged on any accordant \$25.00 fee for any returned checks. Please notify the payments until the office is notified. The price does not the process of the payments until the office is notified.	bunt received or post mark the office one month before not include the cost of the IOLD HARML essure points involve bodi associated with this art / specifing owner for any injurie	ole on the 1 st of each month. The darker the 8 th of the month of discontinuing classes. You we required sparring equipment the state of the sparring equipment the state of the sparring equipment o	in which it is due. There will be will be responsible for tuition and testing fees. NT: d other students. I recognize that all owners of Open Palm System, s which may occur as a result of	
Signature of Student or Parent / Guardian confirming	g agreement		Date Signed	
Signature of OPS Instructor confirming agreement			Date Signed	