

MARTIAL ARTS MONTHLY EFT REG.



EFT MONTHLY PAYMENTS

This is a continuous monthly payment plan for The Shrewsbury Club's Martial Arts Programs. By signing this agreement you authorize The Shrewsbury Club to automatically debit your chosen method of payment on the 7th of each month until cancellation is requested in writing. If The Shrewsbury Club is unable to collect your payment for any reason, your method of payment may be double billed the following month. All Martial Arts EFT payments are non-refundable. There will be an annual increase of \$3/month each September.

By initialing, I agree to abide by the above terms: _____ (int.)

MARTIAL ARTS MAKEUP POLICY

There will be no refunds for classes missed because of conflicting schedule or illness. If you wish to make up a missed class, you must schedule it prior with the instructor. Make up classes are available as long as there is reasonable availability in a similar age and rank of class.

In the event of classes cancelled by The Club due to weather, facility's inability to operate, or instructor illness; a make up class will be provided as long as there is additional space and availability in accordance with our club wide programming schedule. Otherwise, a club credit will be applied to your account for the cancelled class.

By initialing, I agree to abide by the above policy: _____ (int.)

EFT VOLUNTARY CANCELLATION POLICY

To voluntarily cancel your EFT, we require written notice to the Martial Arts Director by the 20th day of the month prior to cancellation. (e.g. to cancel for the month of May, we require written notice by April 20th)

By initialing, I agree to abide by the above policy: _____ (int.)

CLUB RIGHT TO CANCEL

The Shrewsbury Club reserves the right to terminate your registration when one or more of the following circumstances apply: non-payment of balance 90 days overdue, violation of club policies/privileges, or at the discretion of the Owner or General Manager for any reason. Martial Arts Class payments will not be refunded when registration is terminated. If damages to the facility/equipment occur, the participant shall be responsible for incurring any such fees.

Name: _____ Parent/Guardian's Name: _____

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

Phone: (____) _____ Email: _____ DOB: ____/____/____

First Bill Date: ____/____/____ Monthly EFT Payment: \$ _____ Member / \$ _____ Non-Member

Class: _____ Day(s)/Time(s): _____

I have read and agree to the above terms:

Signature: _____ Date: ____/____/____

Printed Name: _____

Club Representative: _____ Date: ____/____/____ Printed Name: _____

METHOD OF PAYMENT

Card on File? _____ Routing #: _____ Checking Account #: _____

Credit Card Type: _____ Credit Card #: _____ CVV: _____ Exp. Date: ____/____/____

MARTIAL ARTS PIF SESSION REG.



Class: _____ **Session Dates:** ___/___/___ - ___/___/___

By signing this agreement you authorize The Shrewsbury Club to debit your chosen method for the selected Martial Arts class. **All Martial Arts Class payments are non-refundable.**

By initialing, I agree to abide by the above terms: _____(int.)

MARTIAL ARTS MAKEUP POLICY

There will be no refunds for classes missed because of conflicting schedule or illness. If you wish to make up a missed class, you must schedule it prior with the instructor. Make up classes are available as long as there is reasonable availability in a similar age and rank of class.

In the event of classes cancelled by The Club due to weather, facility's inability to operate, or instructor illness; a make up class will be provided as long as there is additional space and availability in accordance with our club wide programming schedule. Otherwise, a club credit will be applied to your account for the cancelled class.

By initialing, I agree to abide by the above policy: _____(int.)

SESSION VOLUNTARY CANCELLATION POLICY

If you are enrolled in Martial Arts classes, making payments by the session, and choose to cancel mid-session no credit or refund will be issued.

By initialing, I agree to abide by the above policy: _____(int.)

SESSION INVOLUNTARY CANCELLATION POLICY

The only acceptable reasons for cancellation mid-session are listed below:

- If upon a Doctor's order you cannot physically or medically receive the services because of significant physical or medical disability
- If you move your residence more than twenty-five miles from the facility's principle address
- In case of life changing events: loss of job, divorce, death
- If the martial arts services to be provided under this contract are not available for more than 30 days because the seller fails to open a facility equipped for the services to be rendered

Credit on account will be issued for the un-used portion of the session.

Cancellation is complete once the client receives an email confirmation from a Shrewsbury Club Management Representative. Do not assume cancellation is complete without receiving email confirmation. Any cancellation must be delivered in writing or by email to the Martial Arts Director or Business Office by the 20th day of the month.

By initialing, I agree to abide by the above policy: _____(int.)

Name: _____ **Parent/Guardian's Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: (_____) _____ **Email:** _____ **DOB:** ___/___/___

Class: _____ **Day(s)/Time(s):** _____

Session Payment: \$ _____ Member / \$ _____ Non-Member

I have read and agree to the above terms:

Signature: _____ **Date:** ___/___/___

Printed Name: _____

Club Representative: _____ **Date:** ___/___/___ **Printed Name:** _____

METHOD OF PAYMENT

Card on File? _____ **Routing #:** _____ **Checking Account #:** _____

Credit Card Type: _____ **Credit Card #** _____ **CVV:** _____ **Exp. Date:** ___/___/___