

Columbia Martial Arts Academy

Student Information Form

In an effort to help Columbia Martial Arts Academy keep better track of our students, their tuition payments, equipment purchases, and progression through the ranks, we are asking each student to fill in the following information and return it to an instructor or assistant instructor as soon as possible. Thank you for your time.

Date: _____

Student Name: _____

Parent(s) Name: _____

Student CA Member #: _____

If none, parent or guardian CA member #

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Birth Date: _____ Current Age: _____ Sex **M** **F** Uniform Size (if known): _____

Circle one.

Class Day: **M T W TH F S** Class Time: _____

Uniform:

Circle all that apply.

Check here if you have been issued a uniform.

Class Location: **COLUMBIA GYM ATHLETIC CLUB SUPREME SPORTS CLUB**

Current Belt Level: _____ Class Type: **Tiny Dragon Lil' Dragon Youth Family Adult**

If new student, leave blank.

Would you like to join our email list, should we decide to create one? YES NO

The above information will be for CMAA internal use only. No information will be shared with third parties in any way.

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