

After school Program – 2021.1

REGISTRATION

After School Enrichment Program Alliance Jiu Jitsu – Oct - Dec 2021

KB Presbyterian - Friday 2:15pm

Investment - \$ 210

Dates

Oct - 1, 8 & 15

Nov – 5 & 19

Dec - 10

CHECK LIST:

- ✓ FORM
- ✓ CHECK / CREDIT CARD FORM
- ✓ WAIVER

Student's Name: _____ Grade: _____

DOB: _____ Classroom: _____ Teacher: _____

Parent's Name: _____

Mobile Number: _____

Email: _____

Address: _____

City: _____ St: _____ Zip Code: _____

Check #: _____ Payable to Alliance JJ Miami, LLC (Please write name of student and school on check memo line)

Credit Card Number: _____

Exp Date: _____ Security Code: _____ Zip Code: _____
(last three digits on card, last four on AMEX)

Card Holder Name: _____

I authorize Alliance Miami LLC, to charge my Credit Card the expenses for my child to participate in the Jiu jitsu Enrichment Program. The undersigned guarantees performance of the financial provisions of this agreement.

Signature of Card Holder _____ Date: _____

Being the authorized cardholder, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit car for the services provided No cancelation or refunds. I furthermore confirm that I have received all services and goods to satisfactory conditions.

COURAGE – DISCIPLINE – HONOR – HUMIDILY – EXCELLENCE – SOLIDARITY