

Madison Combined Martial Arts Payment Slip
(Please make checks payable to: FMSI)

Student Name: _____ **Date:** _____

Person's name on check (if different from student's name) _____

Tiger Cub _____ **Tiger Squad** _____ **Jr. Adult** _____ **Adult** _____

Monthly Class Fee: \$75/month.

Family rates: 2 students from same household: \$135/mo
3 or more students from same household: \$175/mo

Monthly Fee: _____

For Month: _____

Membership Fee: _____

Phone #: _____

Merchandise: _____

Total Enclosed: _____

COVID WAIVER

I _____ (Student/Parent/Guardian) have read and understand the rules and requirements for attendance at the Madison Combined Martial Arts (MCMA) dojo regarding all illnesses specifically COVID 19. I/We voluntarily wish to attend classes and accept full responsibility for any potential injury, sickness or illness because of my involvement at the MCMA and will not hold Richard Fike, Fike Management Services, Inc, and or any of the leaders & teachers of the Madison Combined Martial Arts liable for any illness, sickness including death due to my/our involvement with the MCMA. I also understand that I will not attend or allow any of my family to attend classes or functions at the MCMA if I or any of my family members are exposed to COVID within the last 14 days or have contracted the COVID illness (unless you have been fully cleared by an Doctor). I also understand that If I or family member attending the dojo are exposed to or contract COVID I/we agree to inform the Dojo (Shihan Fike) immediately.

Student Signature/Guardian/Parent

Date