



January 29, 2024

Dear YSK Families:

First of all, allow me to thank you for being such loyal and consistent customers to the Yakima School of Karate over the months/years. Your satisfaction is very important to us and we hope we have been successful in providing you with excellent martial arts instruction and customer service.

This letter is to inform you of our journey forward as a karate school. At this point, we have a location and will be conducting classes starting February 1 and February 7 respectively. Although this part of the journey is different, our staff has worked diligently to make this work.

Where: Oddfellow 22 Grande Lodge
206 W. Walnut Ave
Yakima WA 99302

Times: Thursdays 6:00-8:00: All Green, Brown and Black Belts. **Starting February 1, 2024**

Wednesdays 5:30-7:30: All White belt, Yellow, Blue, Orange, & Purple belts. **Starting February 7, 2024**

What you need:

- New Registration form:
 - Attached is the new registration form that you will need before attending class.
 - Your information will be entered into our new data management system “Wodify.”
 - Your email and phone number is critical for us to send out information to during this transition
- Payment form:
 - Due to the lack of a “front desk,” all payments will need to be made electronically.
- Dressed and ready for class:
 - We will have access to bathrooms, but not locker rooms. We are asking students to come to class in their uniforms.
 - Any equipment needed for class, for example, sparring and training gear will be allowed in the training area. However, water bottles or any food will need to stay in the waiting area.

Because of your loyalty and commitment, we are extending your existing tuition rates. Although we announced a price increase last September, we will not be raising our tuition prices during this transition time. The attached form will allow you to enjoy great instruction at our discounted rates.

Sincerely,

Shihan John M. Franco Jr.,
Owner TMAA of Yakima/Yakima School of Karate



Trinity Martial Arts Academy of Yakima Yakima School of Karate



CONTACT INFORMATION

Student Name _____ Age ____ Birthday _____

Parent(s) Name _____

Address _____

Primary Email _____ Primary Ph # _____ (C / H / W)

Alt. Email _____ Alt. Ph # _____ (C / H / W)

Emergency Contact (Name, Ph#, Relationship) _____

How did you hear about us?

Event Facebook Website Referral _____ Other _____

RELEASE FORM

I hereby consent, myself and/or my children, to participate in activities offered by the TMAA of Yakima/YSK; I also acknowledge that in participating in Karate, there is a possibility of injury. I am assuming all risk of such injury and I release TMAA of Yakima/YSK, its employees, and its volunteers of all claims for damages or injuries that I and/or my children may incur while participating in any activity sponsored by TMAA of Yakima/YSK . I certify that I, and/or my children, are in good physical condition to participate in all activities. I understand that all photos and videos taken by TMAA of Yakima/YSK are the property of TMAA of Yakima/YSK to be used for marketing purposes unless my consent is expressly withheld. By signing below, I agree to these terms and conditions.

Signature _____ Date _____

Printed Name _____

Any Medical Information pertinent to physical training: Please Circle

Diabetes

High Blood Pressure

Asthma

Joint/Ligament Problems

Broken Bones Past 3 Months

Other: please explain _____

Learning/Training Objective(s): _____



Trinity Martial Arts Academy of Yakima

Yakima School of Karate



From the office of Shihan John Michael Franco Jr.

Student name: _____

Current Tuition

- 1st Student \$80
- 2nd Student \$50
- 3rd Student \$35
- 4th Student \$35

Authorized Monthly Amt \$ _____ Date of Charge: _____ Payments will be drawn on the 1st of the month.

Billing Information

CARD TYPE:	VISA	MC	AMEX	DISC	OTHER
Card #					
Name on Card					
Full Billing Address	Street				
	City	State		zip	
Expiration Date	CVV #				

Authorized User of Credit Card

Company Name: TMAA of Yakima, Yakima School of Karate
 PH #: 509-457-5462 Email: info.yakimakarate@gmail.com

*I certify that I am the authorized card holder and signer of the credit/debit card listed above and that all the information is complete and accurate. I hereby authorize the collection of the authorized amount on the date agreed upon for all recurring payments. This is a month to month contract. **Any modification of the monthly payment agreement must be made 2 weeks before the agreed due date.***

Signature _____ Date _____

Printed Name _____