

Charlotte Martial Arts Academy Leave of Absence/Cancellation Form

Name: _____

Student's Name: _____

Leave of Absence:

Stop Date _____ Start Date _____

I understand that I may take a Leave of Absence if I am unable to attend regular classes. I may take up to 60 continuous days off with no penalty. I will not be responsible for tuition payments during my time off. CMAA will automatically restart my monthly draft at the end of my Leave of Absence.

Cancellation of Membership:

I understand that it will require 5 days for my bank draft to be canceled. By canceling, or allowing my membership to expire, I understand that I am forfeiting my entire registration fee. I understand that I will pay 100% of the joining fee or back dues whichever is less when I rejoin. In addition, I understand that when I rejoin I will be placed on the wait list as though I was a new student.

Signature _____ Date _____

Home Phone _____ Work Phone _____

Staff Signature _____ Date _____