



Freeze Agreement

Starting Date: _____ Resume Date: _____

Class(es) Suspended: Warriors TKD Krav Maga Jiu Jitsu

Name: _____ Monthly Tuition Amount: _\$_____

Parent's Name: _____

Phone Number: _____

Payment Authorization

I authorize JMAA to deduct my monthly tuition amount with the payment information currently on file once the membership becomes active again on the above stated date.

Initials: _____

Terms

- 1) I understand I am freezing the above mentioned account, and the student will not attend class during the stated time period.
- 2) I understand I must freeze for a minimum time of 1 month/30 days.
- 3) If I need to change the stated freeze time, I will give JMAA a minimum of 14 days notice.
- 4) Freezing the above stated account may change the payment processing date.
- 5) I can only freeze my account *twice in a 12 month cycle* .
- 6) I can only freeze for a total of *2 months in a 12 month cycle* .
- 7) I will contact JMAA if unforeseen circumstances arise regarding the "frozen" time period.

Signature: _____

Date: _____

JMAA Representative: _____