



NEW Enrolment

RENEWAL using SAME ACCOUNT

COA

TAX INVOICE - A.B.N No: 43 164 419 498

Price includes GST

DB E C

ED E C

Head office: Unit 1/93 Norma Road
Myaree 6154

STUDENT ENROLMENT / MEMBERSHIP FORM

I understand and agree that Wilkes Martial Arts P/L, its owner and employees will not be held liable for any injury, loss or damage to myself, my property, or any person or property in my care or control, which may arise from any cause whatsoever including but not limited to, the owner, its officers, agents, employees or instructors. I represent that I am physically fit to participate in the course or training unless noted below or on health questionnaires. I understand that my tuition is arranged to be paid according to the set instalments detailed below and is not affected by my lesson schedule and / or attendance. I understand that the enrolment / membership and payments will continue after the initial period, at the same rate, until the student, parent or guardian fills in and submits a cancellation form to academy management. I understand that 14 days after receiving a completed cancellation form, the cancellation will be processed. I understand I have the option to put my account on hold. This must be arranged 7 days before the hold date is to start. I understand that the \$8 hold fee will either be paid at time of submitting the hold form. If payment is not made the \$8 will be debited from my account. Wilkes Martial Arts employs Ezidebit to process direct debits. Ezidebit charges up to \$5.50 as a setup fee, \$0.77 for direct debit, 1.9% on Visa / Mastercard (Min \$0.77) and 4.4% on AMEX / DINERS (Min \$0.77). These are added to each electronic transaction. Ezidebit also charges for any failed payment fee should your debit reject. The academy is closed for public holidays and a 3 week Christmas break with minimised classes. This is factored into the pricing, hence credits, refunds or extensions are not granted. I understand that photographs will be taken in the academy premises and I give permission for these to be used for marketing purposes and on social media.

CENTRE : Wilkes Martial Arts & Fitness Centre

MEMBER :

First Name Last Name Male / Female D.O.B / /

Address Suburb WA Post Code

Email: Mobile Phone

Next of Kin / Emergency contact: Phone How heard about us?

Preferred method of Contact: Phone: DAY / Phone: NIGHT / EMAIL / SMS Member who referred:

Your membership will be for an initial period of months commencing on / / and will automatically rollover on / / .

Any medical conditions or restrictions? Yes / No (Fill in health questionnaire) Training Days: MON TUES WED THURS FRI SAT

Table with 5 columns: First Week Paid at School, Remaining Number of Payments, Weekly Amount, Remaining payments by bank account and commence, Program. Includes tuition and fees details.

Payments of the Membership Fees shall be made by (please tick)

PIF - Payment up front in full: \$ Pd: CASH / EFT / BT / MOTO Taken by: DATE:

DD - The Member hereby authorises the Billing Agent to deduct instalments from the bank account provided below.

CC - The Member hereby authorises the Billing Agent to deduct the instalments from the credit card below.

Mastercard Visa AMEX / Diners

Card Holders Name :

Card Number : []

Expiry Date : [] [] / [] []

By signing this form, I/we authorise Ezidebit / PayWay, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/we acknowledge that Wilkes Martial Arts will appear as the merchant on my credit card statement. Furthermore, I/we agree to reimburse and indemnify Ezidebit / PayWay for any successful claims made by the Card Holder through their financial institution against Ezidebit / PayWay.

OR

Financial Institution: Account Holder Name:

BSB: Account Number:

We authorise Ezidebit/PayWay to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Debit Arrangement stated above and this Direct Debit Request. This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request. The Ezidebit / PayWay/DDR Service Agreement can be requested from the front desk.

Signed by the MEMBER

Signed on behalf of Wilkes MA & FA

Date : / / (Parent or Guardian if under 18 years)

Date : / /