

Asian Sun Incorporated

137 East Avenue, Tallmadge, Ohio | (330) 633-5161 | asiansun.net

Absorbent Minds Agreement

Parent Name: _____ Membership – Absorbent Minds

Child's Name: _____

Additional Children's Names: _____

Parent Address: _____
Street address City State Zip

Home Phone: _____ Cell Phone: _____

Rules of Membership

- *Session 1 begins Monday, September 12th and concludes Monday, October 17th.
Session 2 begins Monday, October 24th and concludes Monday, December 5th.
Session 3 begins Monday, January 23rd and concludes Monday, March 5th.
Session 4 begins Monday, March 13th and concludes Monday, May 8th.*
- *Classes are on Mondays from 1:00pm—1:30pm (Cuyahoga Falls)
or Mondays from 2:00-2:30pm (Tallmadge). In the event of snow days or other closings
students may make up classes at any Asian Sun Location (check our Schedules online).*
- *This membership includes testing for the next rank. The Belt Test for Session 1 will be held on
Monday, October 17th. By submitting this form you agree your child is permitted to test. There is no ad-
ditional fee for testing.*
- **Turn completed form in to the Absorbent Minds office.**
- *There will be additional charges for optional events and items not included on my spring membership.
Items may include but are not limited to tournaments, special events and training seminars.*
- *For new students or those who wish to have a new uniform please include \$35 for an Asian Sun uniform.
Asian Sun Uniform is required for classes.*

The undersigned understands the risk of studying Marital Arts and hereby releases Asian Sun, Inc., Absorbent Minds, all instructors and all other students of Asian Sun or Absorbent Minds from any and all liabilities, for any type of injuries or loss sustained while training, studying, practicing or in the application of Martial Arts Training. The undersigned also states that he/she is in good physical condition and knows of no reason why he/she cannot study and participate in Martial Arts. In the event of an emergency, I hereby authorize any licensed medical personnel to perform an accepted medical procedure deemed necessary and agree to bear the expense of any such treatment. I HAVE READ AND FULLY UNDERSTAND THE ABOVE AND WOULD LIKE TO PARTICIPATE IN THE ASIAN SUN MARTIAL ARTS CLASSES AT ABSORBENT MINDS.

Credit Card Number _____ Expiration _____ CV Code _____
*Or attach cash or check payment of \$145.00/per Child made payable to "Asian Sun."
(\$180 for new students—includes required Asian Sun Uniform)*