



Freeze Agreement

Start Date: _____ Resume Date: _____

Class(es) Suspended: *Taekwon-Do* *Krav Maga*

Student Name: _____ Monthly Tuition Amount: _____

Parents Name: _____ Phone Number: _____

Payment Authorization

I authorize EMAA 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 membership, 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 EMAA a minimum of 14 days' notice. (Applies only to medical reason for 'freeze'.)
- 4) I can only freeze my account twice in a 12-month cycle.
- 5) I can only freeze for a total of 6 months in a 12-month cycle for a membership paid monthly.
- 6) I can only freeze for up to 6 months in a 12-month cycle for a membership that has been paid in full.
- 7) I will contact EMAA if unforeseen circumstances arise during the "frozen" time period.
- 8) I agree to pay a \$29.00 fee for placing a membership on 'freeze' status.

Signature: _____ Date: _____

EMAA Representative: _____ Date: _____