

# ◆ Membership Fee Schedule



Payment From: \_\_\_\_\_

For the Training of: \_\_\_\_\_

## Sessions of training:

1. Session One: September/October/November
2. Session Two: December/January/February
3. Session Three: March/April/May
4. Session Four: June/July/August

All registration forms, cheques and post dated cheques for all four sessions are to be handed in to Woodbine Karate Club before training can begin in September.

An additional \$25 will apply for cheques returned NSF.

Refund Policy: There will be a refund with 30 days written notice only. Only sessions NOT BEGUN will be refunded. Annual payments are subject to no refund.

## Fee Schedule:

Adults (18+) \$200.00 per session or one annual payment of \$700.00 (savings of \$100.00)

Youth (8-17) \$186.00 per session or one annual payment of \$615.00 (savings of \$129.00)

Kinder (5-7) \$150.00 per session or one annual payment of \$520.00 (savings of \$80.00)

Kinder fees includes training 1x per week only; for 2x per week pay Youth fee

Family Full price for the first adult or youth member, 10% off second member, 20% off third and no charge for fourth or subsequent family members

# ◆ Membership Fees

**Cheques Enclosed (Made payable to Woodbine Karate Club)**

\$15 non-refundable/annual administration fee Cheque # \_\_\_\_\_

Cheques for training fees 1 \_\_\_\_\_ Amount Cheque # \_\_\_\_\_

Cheques for training fees 2 \_\_\_\_\_ Amount Cheque # \_\_\_\_\_

Cheques for training fees 3 \_\_\_\_\_ Amount Cheque # \_\_\_\_\_

Cheques for training fees 4 \_\_\_\_\_ Amount Cheque # \_\_\_\_\_

Japan Karate Association (JKA) membership

Other Cheques collected \_\_\_\_\_ For \_\_\_\_\_

For Office use only

Cheques collected by: \_\_\_\_\_  Enclosed



# Application for Membership

Complete all fields. Please print clearly and in capitals



## ◆ General Information

Date (mm/dd/yy) \_\_\_\_\_  New Member  Renew  Trail

If new how did you hear about us?

Sign/brochure  Internet  Friends/Family  Other

## ◆ Personal Information

Student's First Name: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_

DOB (mm/dd/yy) \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

## ◆ Personal Information

Alberta Health Care # \_\_\_\_\_

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

\* Please describe any ongoing condition that may impact the student's participation in karate training

\_\_\_\_\_

## ◆ Previous Experience

Shotokan Karate \_\_\_\_\_ Rank \_\_\_\_\_

Other Martial Arts \_\_\_\_\_ Rank \_\_\_\_\_

## ◆ Training Agreement and waiver of liability



The following must be read and signed prior to training at the Woodbine Karate Club.

I \_\_\_\_\_ apply for training at the Woodbine Karate Club.

I acknowledge, agree and represent that I understand the nature of martial arts activity and that I am/my child is in good health and in proper physical condition to participate in such activity. I agree to observe all rules and regulations of the dojo to maintain order and to minimize risk of injury. I fully understand that the practice of karate involves the risk of serious injury and freely and voluntarily assume any and all risks and hazards inherent in my/my child's participation in the program. I waive any claim I might have resulting from my/my child's participation in the karate program and agree to indemnify, save and hold harmless the Woodbine Karate Club and Yuri Isakovich from any such claim.

In consideration of the Woodbine Karate Club providing the training area and instruction, I agree to pay quarterly training fees in accordance with Woodbine Karate Club's fee schedule prior to each session. Also, in keeping with Woodbine Karate Club policy, I agree to apply for and maintain current membership in the Japan Karate Association (JKA).

I, the undersigned, have read and understand the above statements and acknowledge my acceptance and agreement of said statements.

Printed Name of Student \_\_\_\_\_

Student Signature (if over 18) \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Parent/Guardian Signature (if student under 18) \_\_\_\_\_

Date Signed \_\_\_\_\_

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For office use only: Fees verified and cheques enclosed?  Initial \_\_\_\_\_

Refer to membership fee schedule.

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