



West Coast Karate Application



Student Name _____ Age _____ DOB _____

Student Name _____ Age _____ DOB _____

Student Name _____ Age _____ DOB _____

Student Name _____ Age _____ DOB _____

Parent/Guardian Name (If under 18) _____

Address _____ City _____

Phone _____

Email _____

Emergency Contact _____

Please list any physical disabilities or major operations we should be aware of

List any previous Martial Arts experience. _____

Where did you hear about us? _____



West Coast Karate

Release Form



I hereby agree that in consideration of being given the rights and privileges of a student of West Coast Karate , or a student of any affiliated or auxiliary class taught by instructors or assistant instructors from, either on or off the premises of West Coast Karate , whether a paying or non-paying student, I shall hereafter and forever fully release said karate school, its owners, instructors, directors, agents, officers and students from any cause of action, claim or liability for expenses, or damages, including, but not limited to, any claims for personal injuries resulting from or arising out of any act or omission, including negligence, by said karate school, its owners, instructors, assistant instructors, directors, agents, officers and students, which may result from my participation in West Coast Karate training instruction or related activities, to include participation in affiliated or auxiliary classes taught by instructors or assistant instructors from West Coast Karate. (Initial) _____

I am fully aware, and expressly understand that the training and instruction involved in the karate lessons, self-defense classes, and karate camp program and the training and instruction I am to receive, will require strenuous exercise; activities and necessitates bodily contact during sparring, falling exercises and at other times. I am fully aware that all the exercises and activities may result unavoidably in bodily injury to me, and possibly in medical cost which will in no part, nor under any circumstances, be recoverable from West Coast Karate, nor from its owners, instructors, assistant instructors, agents, directors, officers or affiliated karate students. Initial (_____)

I allow West Coast Karate to use photos of my child engaged in dojo related activities such as classes or camps on social media and their website. Initial (_____)

I warrant that I (if you are the student) or my child is in generally good health and physical condition and to the best of my knowledge do not suffer from high blood pressure, heart disease or any other latent physical disabilities. If under age 18, a parent or legal guardian has read this and understands it. Initial (_____)

Students Name _____

Signature or Parent/Guardian if under 18 _____ Date _____

WEST COAST KARATE RATES AND BILLING POLICY

Monthly Rate- 145.00 per month for unlimited classes.

2nd Member 115.00 per month

3rd Member 95.00 per month

FREEE- 4th Member

Here at West Coast Karate, we do not require our families to commit to lengthy contracts. Due to this we ask that any changes to attendance in our program be made by the 28th of the month prior to allow adjustments to be made. You can choose from the 1st or 3rd of each month for your auto payment to be run.

I agree to the payment terms of West Coast Karate above. I agree to inform West Coast Karate of any changes to my/my child's attendance by the 28th of the month prior to the month the changes will take place. I understand that if choose to suspend my child's/my enrollment after the 1st of the month I will still be charged. No refunds are given for partial months.

Student Name _____

Parent (Student if over 18) Signature _____ **Date** _____

1st month or promotion period is charged immediately. Please select your billing preferences for the following month.

I choose my monthly auto payment to occur on the ____1st ____3rd of each month with my card on file.

Card# _____ EXP _____ CVV _____

Zip Code _____ Signature _____