Prairie Martial Arts

Participants name _____ **Age**_____

Parent/guardians _____

Phone #'s _____

Email address _____

(email and phone numbers are for Prairie Martial Arts notifications only.)

Health Concerns?_____

Program Name (please circle all classes you wich to attend)

Home School **Little Bulldogs (Kinder)** **Family Class** **Adv/Adult** **Women's fitness**

Evening Karate Classes (please circle the class you would like to attend)

Tues. Family **Tues. Adv/Adult** **Wed. Family** **Thurs. Family** **Thurs. Adv/Adult**

Term Dates (test will be held at the end of Terms 1, 2 and 3)	**Term 1 Mid Sept.- mid Dec.**	**Term 2 Jan.-March**	**Term 3 April-June**	**Term 4 July-Aug.**

All prices are based on each term. Fees are due the beginning of each term

	1 Registrant	**Family of 2**	**Family of 3+**	**Totals**
1x/week	$150	$300	$400	
2x/week	$225	$425	$600	
Unlimited classes	$300	$575	$800	

Extras	**Per item**	**Size**	**# of items**	**Totals**
T-shirts	$35			
Uniform	$85			
Equipment	$165			

(includes head/hand/foot foam dipped equipment)

*****Additional fees for testing, tournaments and seminars will apply******

PLEASE ETRANSFER PAYMENTS TO
pmastrathmore@gmail.com or meghan@prairiemartialarts.ca

DISCLAIMER: Agree to each statement by initialling beside it

I hereby understand that (I or my child) _____
is registered into an ongoing program that commits me/him/her to the following:

— All participants must be registered with the Association on a yearly basis.

— All participants by signing this contract are committing to paying a full session of fees (Fall/Winter/Spring) regardless of number of classes attended each month. (You are paying for the program, not per class/month).

— Session fees must be paid the first class of each session. Late fees will result in an additional $10 charge per individual if no additional arrangements have been made.

— All participants must purchase a club Gi and/or an club t-shirt and wear it during every class.

— Participants must participate in all required pretest/testing for all belt levels.

— The Prairie Martial Arts Assn. & those working/volunteering under the organization take no legal responsibility for any injuries that may occur as a result of training inside and/or outside of the martial arts classes.

— The participant is responsible for his/her own safety at all times and is responsible to notify the head instructor of any injuries, disabilities and/or health concerns prior to participation in the class.

— Any medical attention that may be required as a result of an injury will be that of First Aid. I give permission to the head instructor to call emergency responders, at their discretion, in the event of an accident that may require further medical attention.

— I authorize the use of photos/videos of the participants for local newspapers, Prairie Martial Arts Association social media pages, and PMA newsletters.

— The Prairie Martial Arts Assn. And those working within the association reserve the right to revoke participation of any individual without prior notice if he/she is not following the rules & regulations of the association.

I _____agree that I have read and clearly understand the above criteria.

_____ _____

Signature Date

_____ _____

Witness Name Witness Signature