GREATER DURHAM JIU-JITSU WHITBY KARATE REGISTRATION FORM

Name:	D.O.B.:
Address:	Phone:
Postal Code:	Province:
Email:	Occupation:
Enrollment Date:	Dravious Evacricase // evel
How Did You Hear About Us:	
MEMBER (CONTRACT AND WAIVER
students, and my instructors. I acknowledge that in all physical activi treating each other with a 'duty of care' and respect. We are not here	nowledge that this student agreement & understanding is for the protection of myself, other ty there is a risk of injury. This is minimized by following our highest standard: everyone to prove how tough we are, but rather we are here to learn and grow together in a n carefully and demonstrate respect for my instructors and fellow students at all times."
I certify that I am in good health or that I have a doctor's written permi	ission (to be provided) to undertake the study of
release and hold blameless all other students, instructors, Robert Bur	and accept that there will be physical contact with others during my training and I hereby rnett, Greater Durham Jiu-Jitsu/Whitby Karate and any owners of buildings or areas where hims against the aforementioned, for damages, loss, o personal injuries resulting from my or sts, evaluations, or competitions.
	Jitsu/Whitby Karate and its instructors from and against all claims, demands, actions, and/or ion in such activities, including all costs and expenses incurred in defending such claims,
I also agree that Robert Burnett, Greater Durham Jiu-Jitsu/Whitby Ka personal possessions while using the premises.	rate and its instructors shall not be responsible for any loss or theft of my or my child's
	toys' or 'bragging/show-off pieces' to satisfy my ego or amuse others. 'I/my child agree the dojo, except for sanctioned demonstration purposes or in the legitimate defence of
I also agree that 'I/my child will not allow myself/himself/herself to be lead to a physical confrontation. I/my child acknowledge that I he/she his/her/my instructors, for grading purposes.'	provoked into a fight and will do everything in my power to avoid any situation which might ha no responsibility to 'prove' anything to anyone, except to myself/himself/herself and
	, I will be expected to attend class regularly and punctually. I understand that my effort and g. Please speak to your Sensei regarding any challenges to your training, financial or
The schedule for each month will be posted.	
I understand and agree that my membership may be cancelled at any	/ time, without financial compensation, for any of the following:
 Failure to obey and uphold dojo standards. Doing anything that is unbefitting of a student of the martial arts o fellow students. Misusing my knowledge of martial arts, including carelessness are Non payment of fees. 	or committing any outside act that would bring discredit upon the dojo, my instructors, or ad 'attitude.'
I have reviewed the fees and understand that I am making a lear	rning and financial commitment. I consent to any future fee increases made by the club
Signed and Acknowledged:	
Print Name:	Date:
If the member is under 18, the parent or guardian must sign be Signature(s):	
Print Name(s):	Laterates
Witnessed and Accepted by:Payment Options:	Instructor
12 Cheques: () PAP: Copy received ()	(): written authorization on file() e-transfer: burnettr@rogers.com