



2017 / 2018 KI KARATE SCHOOL PROGRAM AGREEMENT

Name:		Date of Birth:	<i>dd/mm/yyyy</i>
Address:	_____	Telephone:	
	_____		Home - () - _____ - _____
	_____	Work - () - _____ - _____	
	_____	E-Mail Address:	

Green Belt Program <input type="checkbox"/>	Black Belt Program <input type="checkbox"/>	Masters Program <input type="checkbox"/>
Tuition Options:		
<input type="checkbox"/> a) \$549* for 3 months (two classes per week) <input type="checkbox"/> b) \$399* for 3 months (one class per week) <input type="checkbox"/> c) \$1599* for one year		
<input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING \$ _____ + \$25 REG FEE = \$ _____ * PRICE INCLUDES HST – PLEASE MAKE CHEQUE PAYABLE TO “KI KARATE SCHOOL”		

Ki Karate agrees to furnish me with competent instruction. I understand that I will be participating in a physical activity, I waive any and all claims of damages against the school and its principles or instructors in any case of injury resulting from this activity. Furthermore, I agree to test in accordance with school policy upon recommendation by a Ki Karate Instructor. Any infraction of these rules may result in program cancellation without refund.

Ki Karate assumes no responsibility for replacing lost or stolen items. I agree to pay a service charge of \$25.00 for any missed payment. I agree that any video tapes or photographs taken of me may be used by the school for promotional purposes.

I understand that I have five business days to cancel my initial membership by written notice and receive a 100% refund. After this time, no money shall be refunded to me. I acknowledge reading this information and receiving a copy of this agreement.

Ki Karate Communicates with parents and students predominantly by electronic mail – by providing your email address above, Ki Karate School has been granted express consent to send news, announcements and any pertinent information by email.

Please list any medical concerns if applicable:

Name of Applicant:	Signature of Applicant
_____	_____
Name of Parent/Guardian:	Signature of Parent/Guardian
_____	_____