



## 2021 / 2022 KI KARATE SCHOOL PROGRAM AGREEMENT

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

Green Belt Program <input type="checkbox"/>	Black Belt Program <input type="checkbox"/>
Masters Program <input type="checkbox"/>	
<b>Tuition Options:</b>	
<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"/> <b>FALL</b> <input type="checkbox"/> <b>WINTER</b> <input type="checkbox"/> <b>SPRING</b> \$ _____ + \$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:

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<b>Name of Applicant:</b>	<b>Signature of Applicant</b>
_____	_____
<b>Name of Parent/Guardian:</b>	<b>Signature of Parent/Guardian</b>
_____	_____