2010/2011 KI KARATE SCHOOL PROGRAM AGREEMENT

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

Green Belt Program □ Black Belt Program □ Masters Program □

Tuition Options:

□ a) $429* for 3 months (Two Classes Per Week + Grading Ceremony Fees & Certificate)

□ b) $325* for 3 months (One Class Per Week + Grading Ceremony Fees & Certificate)

□ c) $1249* for One Year (Unlimited Classes + Grading Ceremony Fees & Certificate)

□ FALL □ WINTER □ SPRING $ _____ + $25 REG FEE = $ _____

* PRICES INCLUDE 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.

Please list any medical concerns if applicable:

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Name of Applicant: _____ Signature of Applicant _____

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