



Date ___/___/___

Parent's Name _____

Student's Name _____ DOB _____

Address _____

City _____ Prov _____ PC _____

Home phone _____ Business phone _____

Cell phone _____ email _____

Employer's Name _____ Job Title _____

Address _____

Spouse's Name _____ Business phone _____

Emergency Contact: _____ phone _____

Names of persons authorized to pick up student: _____

Please detail any health concerns or allergies: _____

Name of school student attends: _____

How did you hear about us? _____

Payment Options:

There are two options for payment. You may pay by weekly post dated cheque. Cheques are to be dated for the Friday preceding each week of After School Program attendance. Post dated cheques are to be submitted monthly and are due before the 20th of the preceding month.

You may also pay by pre authorized credit card payments. Payments will be charged monthly.

See Payment form for amounts for each payment option.

IMPORTANT NOTICE:

- If you need to withdraw from our program for any reason, you may do so with either two full weeks written notice or two weeks payment.

-There is a \$25.00 service charge for each returned check.

-**NOTE:** NO refunds – credit can be issued on services, equipment or uniforms. Also, we do not generate a payment history, so we advise that you keep all of your receipts.

Initial here, please X _____

I, _____, understand that **Krav Maga Training Centre** is a Martial Arts school and not a daycare, in as such their stock-in-trade is not supervision and care. Their intent is to teach martial arts physical and mental character building skills. I understand that **Krav Maga Training Centre** is a Martial Arts school and a drop-in facility and that as such, my child(ren) is/are free to come and go and if my child(ren) are to stay at their facility, it is because of my direction and not the school's.

Authorization Signature: _____

WAIVER AND RELEASE: You, Buyer and Student, agree that you are aware that Student is engaging in physical exercise, and the use of equipment, use of the School's facilities, training and instruction, which can be dangerous to the Student and could cause injury to Student. Student is voluntarily participating in these activities and Buyer and Student assume all risks of injury to Student, which my result. Buyer and Student hereby waive and release any claim or right to sue the School, employees or agents for injury to Student, which may result. Buyer and Student hereby waive and release any claim or right to sue the School, employees or agents for injury to Student. Buyer and Student have carefully read this waiver and release, and fully understand it is a release of all liability and damage of the School for any injury. The School will make no evaluation or recommendation whether Student or guests are sufficiently physically fit for any exercise activities. It is always advisable to consult your physician before undertaking a physical exercise program, particularly martial arts activities.

LOSS/DAMAGE/THEFT OF STUDENT'S PROPERTY: The School does not assume any responsibility for the loss, damage or theft of any property belonging to the Student and Student agrees that the School and its personnel are not responsible for, or liable for any such property even if its loss, damage or theft occurs on or about School's facility.

Signature: _____ **Date:** ___ / ___ / ___