



# ATLANTIC KARATE CLUB MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Current Belt Level: \_\_\_\_\_  
Year/ Month/ Day

E-Mail Address: \_\_\_\_\_

## Application and Agreement

You are entitled to rescind this contract by delivering written notice of rescission to Atlantic Karate Club within five (5) business days after the contract is signed or the services are available, whichever is the latter. If you do not cancel this contract within five (5) days, you may not be able to do so later. You may deliver your notice of rescission in writing to the President or any executive member of the Atlantic Karate Club. If you rescind the contract, any money you have paid will be refunded to you by the Atlantic Karate Club.

Memberships are not transferable, cancellable, (except as herein set forth), or refundable, for any reason whatsoever. The Atlantic Karate Club reserves the right to cancel the undersigned's membership if he or she violates any of the Atlantic Karate Club's rules or regulations. If the membership is cancelled, no refund will be made to the monies previously paid hereunder.

The undersigned does hereby agree to follow all rules and regulations established by the Atlantic Karate Club or any changes or amendments thereto.

Violation of Rules and Regulations: (Which are posted at the Atlantic Karate Club and subject to change) While on the premises, I promise to obey and abide by all rules and regulations of the Atlantic Karate Club and to conduct myself in a quiet and peaceful manner at all times, doing or saying nothing that could endanger or disrupt business or the reputation of the Atlantic Karate Club. I understand that my failure to act in accordance with these promises could result in my being expelled from the premises and at the same time not relieve me of any liability for payments agreed to.

Sign In: Membership and or Attendance cards will be requested by the management. Membership and or Attendance cards will be issued to all persons when they join the Atlantic Karate Club. The membership and or attendance card(s) is(are) issued for the exclusive use of the member and is not transferable. Use by another person, other than the member, will be grounds for cancellation of the membership.

Release: The undersigned acknowledges all workouts and/or exercises performed at the Atlantic Karate Club shall be solely at his or her own risk and hereby releases and discharges the Atlantic Karate Club, its owners, officers, instructors, agents, employees and members from any liability, claims, demand, injury, damage, action or cause of action, whatsoever which may result from the use of the services or facilities of the Atlantic Karate Club on the premises where the same are located or any and all acts of the Atlantic Karate Club, its officers, agents, employees or instructors. The Atlantic Karate Club may close temporarily for maintenance.

I agree to the above rules and regulations.

Initial organization fee to be paid in full to cover ANNUAL DUES upon registration: \$ \_\_\_\_\_

## PAYMENT PLAN

The undersigned does hereby agree and promise to make payments to the Atlantic Karate Club through one of the following payment options:

**A: PAY IN FULL:** Membership fee paid in one lump sum on execution of this contract. Total: \$ \_\_\_\_\_

**B: POST DATED CHEQUES:** Membership fee paid in monthly installments by Post-dated cheques.

Membership Plan: \_\_\_\_\_ Youth \_\_\_\_\_ Adult \_\_\_\_\_ Intermediate \_\_\_\_\_ Family \_\_\_\_\_

Monthly Amount \$ \_\_\_\_\_ No. Payments \_\_\_\_\_

(All NSF Cheques are subject to applicable charges)

I have carefully read this agreement and I understand the terms and conditions of this Atlantic Karate club Agreement and agree to be bound by them.

Members Signature: \_\_\_\_\_  
(Legal Guardian if under 19)

AKC Signature \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**PERSONAL DATA FOR:** \_\_\_\_\_  
(Member's name)

This information is required as part of our Emergency Assistance Plan. In the unfortunate event that you are injured and require hospitalization, this form will accompany you.

The information disclosed is kept in confidence - only the course instructors and executive have access to it.

Person to notify in an emergency (include relation and phone number):

\_\_\_\_\_

Another person to notify in an emergency (include relation and phone number):

\_\_\_\_\_

**Health Card #:** \_\_\_\_\_

**Medical Information:**

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Disabilities:** \_\_\_\_\_

**Other:** \_\_\_\_\_