



Prime Taekwondo Membership Application

#103, 5001 30Avenue Beaumont AB T4X 1T9 / 780-695-8722 / Email: primetkd@hotmail.com / www.primetkdca.com

MEMBER / PARENT / LEGAL GUARDIAN(if under 18) : _____
First Name & Last Name

Specify relationship (e.g., parent / legal guardian): _____

Child Name: 1. _____
First & Last Name

Child Name: 2. _____
First & Last Name

Child's Age: 1. () ____/____/____
Age Day Mon Year

2. () ____/____/____
Age Day Mon Year

Address : _____

Phone Numbers: Cell: () _____

Home: () _____

Email #: _____

Spouse's Name: _____

Cell: () _____

Email #: _____

In case of emergency, contact: Name: _____ Phone # () _____

Do you have any medical conditions, special needs or allergies that we should be aware of? **YES/NO**
If you answered yes, please describe your needs or condition in detail.

Start Date: ____/____/____
Day Mon Year

Make-up class: If you cannot attend the class due to unavoidable circumstances, you can have a make-up class **within 2 weeks.**

Monthly Ongoing Contract: 1 time/week 2 times/week 3 times/week Unlimited
 Monday Tuesday Wednesday Thursday Friday Saturday
Class: 1st ____ : ____ 2nd ____ : ____ 3rd ____ : ____ 4th ____ : ____ 5th ____ : ____

Payment Option

- ⇒ Monthly: 1 Class \$85(\$89.25) 2 classes \$125(131.25) 3 classes \$165(173.25) Unlimited \$199(208.95)
- ⇒ 4 Months Upfront 2 classes \$119(499.8) 3 classes \$159(667.8) Unlimited \$189(793.8)
- Uniform: \$60(63) Onetime Membership fee: \$60

*Price with GST shown in the parentheses. *Family (2nd, 3rd Member) – 10% off / 4th Member or Up 50% off (with 2 or 3 per wk)

*Based on Electronic Funds Transfer (EFT) on 5th of every month (VOID Cheque Required)

*Contracts may be cancelled upon thirty (30) days' written notice.

I, the buyer, authorize Prime Taekwondo School. to process a debit in paper, electronic or other form in the amount **AS PER ABOVE** on my bank account or credit card on the 5th of each month. I agree that each debit authorization shall be as if it were personally signed by me. I acknowledge that I have read, understood and accepted all the provisions contained in the Terms and Conditions of the Electronic Funds Transfer (EFT) Payment. Authorization and I have received a copy.
I warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement.

Bank Name: _____ Transit #: _____ Bank #: _____ Account #: _____

Account Holder Name (as indicated on account): _____

Please Note: There will be a \$20.00 service charge for any returned cheque, EFT

ADDITIONAL PROVISIONS, TERMS AND CONDITIONS

I, as buyer, enter into this Agreement Prime Taekwondo School. (hereinafter referred to as "the Studio") and do hereby agree on behalf of myself, my children, and all persons who become entitled to use the facilities of the Studio by virtue of my membership as follows:

PIPEDA: I understand the personal information is being provided for the purpose of program registration and solely for the use of same by the Studio during my membership term. I authorize the release of any medical information which may be required during the use of the Studio by myself and my child or during any off-premises events or field trips.

MEMBERSHIP TERM: I agree to pay to the Studio the sums and charges specified in this Agreement when due, irrespective of the amount of use I make of the facility, and to immediately notify the Studio of any address change or of any other personal information changes.

CANCELLATION OF THIS AGREEMENT: I have five (5) days after signing this agreement to rescind it in writing. After fulfilling the minimum commitment as set out on the Agreement, the maintenance fees may be cancelled by visiting the Studio and completing a cancellation form one month (30 days) in advance of the scheduled payment withdrawal. A fee will apply to cancel the Agreement prior to its expiration date. Phone, fax, email or verbal cancellations are not accepted. The Studio has the right to cancel this contract at any time without notice, reason, or cause.

MEMBERSHIP HOLDS: If I and/or my child cannot use the Studio for a valid medical reason (doctor's note required), the Studio will put a hold on my membership until I or my child am/is/are fit to resume participating by visiting the Studio and completing a hold form, one month (30 days) in advance of the scheduled payment withdrawal. Membership holds for any other reason are entirely at the Studio's discretion and an administration fee may apply.

WAIVER AND RELEASE: I and my child fully recognize the risks of injury and/or illness inherent in participation in any fitness or martial arts program, and we represent to the Studio that we have taken all reasonable steps to determine, and hereby warrant, that we are in good health and physically capable of participating in the programs and courses of instruction offered by the Studio. We acknowledge that the Studio shall make no, and shall have no responsibility to make any independent evaluation of our physical health or fitness. We understand and agree that all participation in any such fitness program or use of the Studio's facilities or equipment on or off the premises of the Studio, including tournaments or field trips, shall be at our own risk. We hereby release, indemnify and save harmless the Studio, and its officers, directors, employees and agents from and against any and claims, demands, damages, costs and liabilities of any kind or nature, including solicitor's fees and costs, for injury to or death of myself or my child(ren), or of any person or persons who become entitled to use the facilities of the Studio by virtue of our membership, or any third persons, which arise directly or indirectly out of or in connection with our participation in any program or course of instruction either on or off the premises of the Studio, or by virtue of our presence at the Studio or at any of the Studio's off-premises events, whether or not in fact we or such other persons are then participating in any particular program or event. We understand and agree that the Studio shall not be responsible for the conduct of other users of the Studio or its facilities or equipment, or participants in the Studio's off-premises programs, or for any injury or death or damage to property resulting from such conduct, and we shall not bring any action or proceeding against the Studio for any payment compensation or claim for any loss of life or injury caused by any such user.

NOT A DAY CARE: We understand that the Studio is a fitness and martial arts school and not a day care, and as such, its stock-in-trade is not supervision and care, but rather the physical and character-building skills of the martial arts. We understand that the Studio is a drop-in facility, the children are free to come and go from the Studio, and if my child stays at the Studio, it is at my direction, and not at the direction of the Studio.

LOSS/DAMAGE/THEFT OF PROPERTY: We understand and agree that neither the Studio, nor its officers, directors, agents or employees shall be responsible for any personal property which is damaged, lost or stolen in or around the Studio or its facilities, or at any of the Studio's off-premises events and/or field trips.

RULES AND REGULATIONS: I and my child agree to abide by the rules and regulations governing the conduct and operation of the facilities. We understand that the Studio has the right to alter or amend any and all rules and regulations, including those set forth in this Membership Agreement, and we agree to abide by all such amended rules and regulations. We understand that our membership and the right to use the Studio's facilities and programs may be suspended or terminated at any time with or without cause.

ADDITIONAL COSTS: We understand and agree that there will be special events held at the Studio, including but not limited to belt tests, tournaments, camps, etc., and these events all incur additional fees beyond the amounts set forth in this Agreement. We also understand and agree that the cost of uniforms, equipment, supplies and food items such as snacks or beverages are not included in the cost set forth above, and must be purchased separately. All Government taxes, including Goods and Services Tax, are in addition to and will be automatically added to all payments. We understand the Studio reserves the right to charge extra for any new services.

PHOTOGRAPHS: We hereby authorize the Studio and its agents, successors and assigns to photograph me or my child and/or use our voice without restriction and to utilize such photographs and/or voice transcriptions for any commercial purpose, including but not limited to the promotion and marketing of the Studio, and we agree that we shall not be entitled to receive any compensation whatsoever or any kind as a result of such use.

AUTHORITY TO TREAT: I give the instructors, staff and responsible adults of the Studio the power to authorize medical or other treatment of myself and/or my child. If I am not the person named, I am the parent, guardian or adult responsible for the person named and I have the legal right to grant this power. Treatment may be made without regard to whether I or any other parent, guardian or adult responsible has been contacted or has consented to the specific treatment, provided it does not conflict with the limitations set out in the Medical Information Form. This authority begins on the date signed and continues throughout the term of the Agreement or any renewal. By giving my authorization, I assume responsibilities for all decisions made, provided they are reasonable decisions under the circumstances based upon the knowledge and understanding of the person making the decisions. I understand that the instructors may have limited skills in first aid and at their discretion, I authorize them to use those skills and technique to assist in any circumstance in which they judge their skills would be necessary or helpful. I have carefully read and understand these Additional Provisions, terms and Conditions and agree to be bound by them.

Student/Parent/Guardian(if under the age of 18) : _____ Date: _____

Manager or Company representative : _____ Date: _____