

Style: _____

Account #: _____

(718) 740-3493
(718) 740-3499
www.kyodaidojo.com



GEORGES ASCHKAR JR., SHIHAN
BADYR ASCHKAR, SHIHAN-DAI
KEVIN GAINEY, SHIHAN-DAI

Kyodai Karate-Do Inc.
SELF DEFENSE AND WELLNESS CENTER
219-48 Jamaica Ave., Queens Village, NY 11429

Please PRINT the following information accurately and completely

Date: ___/___/___

Sex: (MALE) / (FEMALE)

Last Name: _____ First Name: _____

Complete Address: _____

City: _____ State: _____ Zip Code: _____

Birthdate: ___/___/___ Height: _____ Weight: _____ Age: _____

Home Phone #: (____) _____ Work Phone #: (____) _____

Emergency #: (____) _____ Email: _____

Name of Parent or Guardian: _____

Have you ever studied martial arts before? (YES) / (NO)

If so, how long and where? _____

What prompted you to visit our school today? Referred by? _____

Please check your objectives:

____ Self Defense ____ Self Confidence ____ Health ____ Sport or Hobby
____ Physical Conditioning ____ To Teach ____ Increase Strength ____ Mental Conditioning

Other (explain): _____

Is your health impaired or do you suffer from any physical or mental disabilities? (YES) / (NO)

If so, please explain: _____

The preceding answers are true, correct, and complete to the best of my knowledge.

Signature of School Representative: _____

FOR SCHOOL REPRESENTATIVE USE ONLY:

Plan: 1 month / 3 months / 6 months / 1 year

Other: _____ Expiration: _____

Date of next scheduled payment: _____

Amount due on next scheduled payment: \$ _____

Effective 1/2013

PLEASE
SELECT ONE:

- KARATE
- KUNG-FU
- JUDO
- AIKIDO
- FITNESS
FUSION

Tuition	\$
Taxes	\$
Registration	\$
Uniform	\$
Books	\$
TOTAL	\$
Deposit	\$
Check #	\$
Grand Total	\$

RULES OF KYODAI KARATE-DO SELF DEFENSE AND WELLNESS CENTER & AGREEMENT OF RELEASE, ASSUMPTION OF RISK, AND WAIVER OF LIABILITY

This agreement is between Kyodai Karate Do Inc. it's instructors, and the individual whose name is printed and signed below:

I, _____, hereby agree to the following:

- I recognize that all classes taken at Kyodai Karate-Do Self Defense and Wellness Center (will be referred from here on as Kyodai) require physical exertion that may be strenuous and may cause physical injury, including death, and I am fully aware of the risks and hazards involved.
- I promise never to used the knowledge gained at Kyodai except to avoid personal injury or harm
- Gis or appropriate uniforms are the only accepted attire for the Martial Arts programs; No shoes, jewelry, or sharp objects on the mat area; No smoking or eating on the premises; Signs and notices are to be observed and followed
- No student may teach Karate, Kung Fu, or Judo at a location outside of this dojo without written permission from the head or chief instructor of Kyodai.
- Registration fees are nonrefundable.
- I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any classes at Kyodai. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in any classes at Kyodai.
- In consideration of being permitted to participate in classes, I agree to assume full responsibility for any risks, injuries, or damages (known or unknown), property damage, or loss of any kind, which I may incur as a result of participating in any class at Kyodai.
- In further consideration of being permitted to participate in any classes at Kyodai, I knowingly, voluntarily, and expressly waive any claim I may have against the authorized instructor(s) and Kyodai. for any injuries or damages (known or unknown), property damage, or loss of any kind, including death, that I may sustain as a result of participation in any class.
- This is a legally binding release, waiver, discharge, and covenant not to sue (collectively, "release") the authorized instructor(s) or Kyodai. for any injuries or damages (known or unknown), property damage, or loss of any kind caused by my voluntary participation in any class. This waiver, discharge, and covenant not to sue is made voluntarily by me, the undersigned releaser, on my own behalf, and on behalf of my heirs, executors, administrators, and legal representatives.
- I hereby grant Kyodai and its instructors permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Kyodai and its instructors and will not be returned. I hereby irrevocably authorize Kyodai and its instructors to edit, alter, copy exhibit, publish, or distribute photos for purposes of publicizing any programs or for any other lawful purposes. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless, release, and forever discharge Kyodai and its instructors from all claims, demands, and causes of action, which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.
- I have read the above release, waiver of liability, and assumption of risk, fully understand its contents, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be the complete and unconditional release of all liability. I voluntarily agree to the terms and conditions stated above. This agreement remains in effect for as long as I participate in any classes under Kyodai and its instructors.

Signature of applicant

(If under 18, signature of parent or guardian)

Effective 1/2013