



**Saroughi International Taekwon-do Inc.**

9-2016 10th Line Road  
 Orleans, ON K4A 4X4  
 613-834-5425

Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License: \_\_\_\_\_

**PLEASE NOTE:** Martial Arts and Kickboxing fitness classes are strenuous physical activities. It is strongly recommended that prior to participating in any physical activity that you first consult with your family physician.

Do you have any injuries, disorders or pre-existing medical conditions that may interfere with your training?

Yes  No **Yes, Please explain:** \_\_\_\_\_

1. I understand that there is an extra fee for each Belt Promotion Examination.-----
2. I understand that I must purchase all required equipment and uniforms from Saroughi International Taekwon-do Inc. and that any other equipment will not be permitted in the club.-----
3. I understand there are no refunds, cancellations, pauses or postponements for memberships.-----
4. I understand that I am fully responsible to pay the whole amount of the contract whether I continue to attend or decide to cancel my membership.-----
5. I agree to strictly observe the rules and regulations of the Saroughi International Taekwon-do Inc. and I will be fully responsible for any damages and/or injuries I may cause.-----
6. I understand that Saroughi International Taekwon-do Inc. reserves the right to cancel my membership if I am found to be in violation of this contract or if, for any reason, I have not followed the code of conduct during, before, or after classes. -----
7. I understand that there is a charge of \$45.00 for any NSF cheques or late payments.-----
8. I hereby release Saroughi International Taekwon-do Inc., its principles, employees, instructors and agents of any claim for loss or injury sustained in the course of instruction or training, however caused.-----
9. I understand that parents or guardians must be responsible to be on time to pick up their children and Saroughi International Taekwon-do Inc will not be responsible for after class care. I understand there will be late pick up charges for children of \$1 per minute. -----
10. I understand that Taekwon-do/ Kickboxing are contact, competitive sports and as in all contact sports there is an inherent risk of serious injury and therefore I agree that I am participating in this activity at my own risk and I take full responsibility for my own safety. -----

Signature of Applicant \_\_\_\_\_ Signature of Parents/Legal Guardian \_\_\_\_\_

FOR OFFICE USE ONLY				
Date:		Starting Date:		Expiry Date:
Type of Course:		Membership:		Total:
Method of Payment:	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit			