

MEMBER INFORMATION

TODAY'S DATE: (MM/DD/YYYY) _____ / _____ / _____

Student Name:	Date of Birth:	Age
Phone:	Cell:	
Mailing Address	City/Town	Postal Code
Guardian Name(s): Required if student under 18	Previous training:	Rank:
Email Address 1:		
Email Address 2:		

EMERGENCY CONTACT:

Contact Name(s):	Phone Number(s):	Relationship:

Medical Release Information Please list any medical concerns we should know about, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures) and/or recent acute or chronic injuries: _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services (INITIAL _____)

AUTHORIZATION AND WAIVER OF LIABILITY

I understand that martial arts training involves potentially dangerous techniques and by signing below, I accept all risk of injury as my own personal liability. I understand that there are risks inherent in any physical fitness program and I accept these risks as my own personal liability. I affirm that I am in good health, capable of safely participating in cardiovascular activity and I accept as my personal risk the consequences of such participation. I understand that it is always wise to consult a physician before starting any physical fitness program. In the event that I become injured or ill during the participation in this program, I authorize any representative of Tri-City Training or Canadian Naha-te Goju Karate to act on my behalf to seek medical attention. I agree to follow all safety instructions and other rules of any instructor certified by Tri-city Training or Canadian Naha-te Goju Karate. I affirm that I will not participate in any program hosted by CNGK while under the influence of drugs or alcohol. I understand that Tri-City Training and Canadian Naha-te Goju Karate and all affiliate Canadian Naha-te Goju Karate Instructors accept no responsibility for any injury, financial liability or damages due to injury or accident or other unforeseen incident occurring during or after any program sponsored by any member of Tri-City Training and Canadian Naha-te Goju Karate in any location where the program is being held. The participant or, if applicable, the legal guardian accepts all risks and financial liability resulting from injury, accident or other unforeseen incident occurring during or after any program sponsored by any member of Tri-City Training or the Canadian Naha-te Goju Karate in any location where the program is being held. If applicable, I authorize the use of photos of myself to be used in print or on the web for promotional purposes. I have read and understood the foregoing and hereby accept all risk and liability described above Tri-City Training Inc is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a student is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

IF THE STUDENT IS UNDER 18 YEARS OF AGE: I, the undersigned, am authorized to provide consent for the person named above to participate in this program. I understand the risks defined above. I certify that I am authorized to release personal information on the student's behalf. In the event that the person named above becomes injured or ill, I authorize a representative of Tri-City Training Inc or Canadian Naha-te Goju Karate to act on my behalf to seek medical attention. If applicable, I authorize the use of photos of my child to be used in print or on the web for promotional purposes. I have read and understood the foregoing and hereby accept all risk and liability described above.

APPLICANT SIGNATURE X	DATE
GUARDIAN SIGNATURE <i>If member is under 18 years old X</i>	DATE
WITNESS SIGNATURE X	DATE

Insurance LIABILITY WAIVER: Initial each box and sign below on behalf of yourself or your child.

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in **Tri-City Training athletic** / sports programs, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **Tri-City Training**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
PARTICIPANT'S SIGNATURE

X _____
PARTICIPANTS NAME (PRINTED)

X _____
WITNESS

Date Signed: _____

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X _____
PARENT/GUARDIAN'S SIGNATURE

EMERGENCY PHONE NUMBER

X _____
WITNESS

Date Signed: _____

MEMBERSHIP INFORMATION

Today's Date: (Year/Month/Date) _____ / _____ / _____

Student Name:	Promotion Notes:
Start Date:	AMOUNT PAID:

Members can pay annual membership in full OR opt to pay monthly installments. Please see chart for monthly amount.

MEMBERSHIP OPTION: • Fees based on how often you train	1 class per week	2 classes/wk	Unlimited	Drop In
ANNUAL FEE Or Monthly payments	\$80.50/ month	\$103.50/month	\$135/month	\$25/class



PRE-AUTHORIZED PAYMENT: Tri-City Martial Arts Inc.

Please complete the Pre-Authorized Debit (PAD) Plan agreement below OR ATTACH a VOID CHQ

I/we authorize Tri-City Martial Arts Inc., and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Tri-City Martial Arts Inc account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month. This authority is to remain in effect until Tri-City Martial Arts Inc. has received written notification from me/us of its change or termination. This notification must be received at least ten (30) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca. Tri-City Martial Arts Inc may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 30 days prior written notice to me/us. I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca



PLEASE PRINT

Tri-City Martial Arts Inc Account Number: _____ (for office use) Type of Service: Personal ___ Business ___
 Client Name(s) _____ Address: _____
 City/Town: _____ Province: ___ Postal Code: _____ TEL: _____
Financial Institution (FI): _____
 FI Account Number: _____ FI Transit Number: _____
 (branch -5 digits; FI - 3 digits)
 Address: _____ City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): **X** _____ Date: _____

CREDIT CARD PAYMENT AUTHORIZATION

NAME: _____	VISA/MASTERCARD/OTHER: _____
CARD NUMBER: _____	EXPIRY: _____
BILLING ADDRESS: _____	
Authorized Signature(s): X _____	Date: _____

375 Waterloo Ave. Guelph, Ont, K1H 3K3 Tel: (226) 979 5440 E-mail: Info@TriCityTraining.c

Membership Application and Waiver Form CANADIAN NAHA-TE GOJU KARATE * WRESTLING * FITNESS/STRENGTH
 Tri-City Martial Arts Inc. 375 Waterloo Ave, Guelph, ON N1H 3K3 (226)979 5440

TRICITY TRAINING MEMBERSHIP TERMS AND CONDITIONS:

Please read the terms and conditions of payment carefully and then sign and date.

Your choice of membership category on joining will determine the fees you pay. The membership fee and any other fees are payable in advance by each member (either by cash, credit card or direct debit agreement. If you wish to pay monthly by direct debit, these fees are collected on the 1st of each month, or the nearest working day thereafter, and membership is automatically renewed each year.

Cancellation of membership payable by direct debit must be in writing or email to Tri-City Training Director providing ONE calendar month's notice - 30 DAYS - e.g. written notice received on or before 31 December will terminate membership on 31 January and written notice received during January will terminate membership in February. Cancelling your direct debit instruction for the monthly fee or a verbal instruction to any member of staff is not sufficient.

If your Bank fails to make a direct debit payment from your account when due, Tri-City Training will write or email to advise you of this. An administration fee of \$15 may be charged for each failed direct debit payment.

It is the responsibility of members to cancel the direct debit mandate after the final payment has been received. Tri-City Training will not be held responsible for payment issues arising more than 60 days from the effective cancellation date.

Membership may be suspended up to a maximum of two months. A maintenance fee of 35% of membership will be applied for each month. In exceptional circumstances such as injury or ill health, the management (at its sole discretion) may agree to suspend membership with documented medical evidence to a maximum of 6 months subject to a 'maintenance' fee of \$10 per month or part thereof. The fee will be collected in place of your usual direct debit payment or in advance for fixed term memberships.

Your Rights under the Consumer Protection Act, 2002

You may cancel this agreement at any time during the period that ends ten (10) days after the later of the day you receive a written copy of the agreement and the day all the services are available. You do not need to give the supplier a reason for cancelling during this 10-day period

In addition, there are grounds that allow you to cancel this agreement. You may also have other rights, duties and remedies at law. For more information, you may contact the Ministry of Consumer and Business Services.

To cancel this agreement, you must give notice of cancellation to the supplier, at the address set out in the agreement, by any means that allows you to prove the date on which you gave notice.

If you cancel this agreement, the supplier has fifteen (15) days to refund any payment you have made and return to you all goods delivered under a trade-in arrangement (or refund an amount equal to the trade-in allowance)

SIGNED: X	DATE:
WITNESS:	DATE: