



## Membership Application

### STUDENT INFORMATION

Name:		
Date of birth:	Nationality:	Phone:
Current address:		
SEX:    M    F	State:	Post Code:

### Parents Information

Name:		
Address:		
Phone:	E-mail:	Fax:

### Emergency Contact

Other than parent:	
Relationship:	Phone:

### health issues

Does the student suffer any health issues?		
	Is there a required plan?	Have you supplied us a plan?

### DISCLAIMER AGREEMENT

I agree that the information supplied in this application for membership to Ki Martial Arts Academy is true and accurate to the best of my knowledge. I would like to enrol and register as a member of Ki Martial Arts Academy. I will faithfully comply with all the rules and regulations of the school. I hereby represent that I am physically fit to receive and participate in the prescribed course of instruction. I understand and agree that the school and Instructors will not be held liable for injuries, damages, loss, regardless of the extent resulting from any training techniques, advice, and/or martial arts methodologies. As a member, I assume responsibility for my own safety, understanding and accepting all risks involved with martial arts training. By assuming this risk, I completely absolve Ki Martial Arts, the instructors and affiliates from liability for any injury or misuse of the information imparted. I understand that Ki Martial Arts holds the rights to remove any persons from the club that may constitute as a risk or nuisance to other members or to the club itself. I understand that photos may be taken during sessions and gradings and are used for promotional purposes only. I understand gradings are conducted every 3 months and if the student is ready they will be put up for grading which is an additional cost. I also understand that the insurance payment is a calendar year subscription and is NOT refundable at any stage after payment, and if this or grading fees are not paid by the due date Ki Martial Arts has the right to debit the fees accordingly.

### Signatures

I have a copy of this application.	
Signature of student:	Date:
Signature of guardian / parent:	Date: