



World of Martial Arts Membership

Package Choice:

1	2	3	4	5
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 (Please see attachment for packages details)

Personal Details:

Names:	_____ First _____ Last _____	_____ Initials _____																				
Address:	_____ Street _____	_____ City _____																				
	_____ Province _____	_____ Postal Code _____																				
Date of Birth:	_____ Year _____ Month _____ Day _____	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>																				
ID Number:	<table border="1" style="width: 100%; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					

Members Contact Numbers:

Home Telephone: () _____	Fax: () _____																				
Work Telephone: () _____	Mobile Phone _____																				
Email:	<table border="1" style="width: 100%; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

Account Payer Details:

Title: _____	Surname: _____	First Name: _____																														
Relationship to member: _____																																
ID Number:	<table border="1" style="width: 100%; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																															
Postal Address:	<input type="checkbox"/> PO BOX <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					Postal Code: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Physical Address: _____																																
	_____ Street _____	_____ City _____																														
	_____ Province _____	_____ Postal Code _____																														
Home Telephone: () _____	Fax: () _____																															
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Personal Reference (Not at same address)

Title: _____	Surname: _____	First Name: _____																				
Home Telephone: () _____	Fax: () _____																					
Work Telephone: () _____	Mobile Phone _____																					
Email:	<table border="1" style="width: 100%; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					

Medical Questions

If the answer to any question is yes please give full details in the space provided below			
Do you have or have you ever had at any time the following:			
Any disorder of the heart, blood vessels or circulatory system (ie high blood pressure, chest pain, raised cholesterol)	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; text-align: center;">Yes</td><td style="width: 20px; text-align: center;">No</td></tr></table>	Yes	No
Yes	No		
Respiratory or lung trouble (ie asthma, recurrent bronchitis, persisted cough)	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; text-align: center;">Yes</td><td style="width: 20px; text-align: center;">No</td></tr></table>	Yes	No
Yes	No		
Any nervous, or mental complaint (ie fits, persistent headaches, epilepsy or bleckouts)	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; text-align: center;">Yes</td><td style="width: 20px; text-align: center;">No</td></tr></table>	Yes	No
Yes	No		
Do you have any medical condition that you feel we should be aware of?	_____		

Previous Martial Arts Experience

Have You ever studied any other form of martial arts before?	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; text-align: center;">Yes</td><td style="width: 20px; text-align: center;">No</td></tr></table>	Yes	No	How long _____
Yes	No			
What Styles?	_____			

Contract Details:

I hereby apply for a 6 Month Annual membership. Upon completion of this contract if no letter of resignation is forwarded to the chief instructor of the gym, the membership immediately extends on a month basis, where after in case the member wishes to resign from this contract, the member will have to give sufficient notice in writing, of no less than one (1) calendar month to the chief instructor of the gym. If no letter of resignation is forwarded to the chief instructor of the gym, the member will be held liable for the membership fees until such time when the letter of resignation has been forwarded to the gym. This contract is however subjected to a "cooling off" period of twenty one (21) calendar days, starting from the day of which this contract is signed, in which the member can cancel this contract. This cancellation must be done in writing and must be handed directly to the chief instructor of the gym, where after the member will receive written confirmation of the cancellation of the contract.

Membership Fees

Membership fees are payable in advance on the first (1st) day, or before the fifth (5th) of each month. In the event of default the student may not attend any further classes. The member will not be released from his/her obligation with regards to any payment of the membership fees as agreed herein. Membership contracts cannot be terminated before the minimum duration has expired. Payment is the responsibility of the parent/guardian of minor children, unless otherwise stipulated on this contract. Membership fees will be agreed upon every year. Payment options for membership fees are either an electronic transfer (internet) with a reference of the students` name is required or cash.

Bank Details: World of Martial Arts cc
Standard Bank Midrand
Account Number: 2 0 2 5 1 6 0 7 5
Branch Number: 0 0 1 1 5 5

I fully understand the extend of this contract and hereby declare that the information provided by me is correct. I understand that this contract cannot be terminated before the minimum duration has expired.

Signed on _____ Day _____ Month _____ Year _____
Signature _____ Person responsible for account _____

Disclaimer

Exercise as is Martial arts an art/sport, which is exposed to certain dangers as in all sports, including the risk of injury. Every World of Martial Art student attends classes at his/her own risk and responsibility. A minors` attendance of classes must have the written consent of the parent/guardian as contract.

The gym has outings from time to time and on such occasions vehicles are used by members of this academy for transport purposes. Students will travel in such vehicles at their own risk and the World of Martial Arts does not accept any responsibility should an accident occur. The parents/guardians hereby voluntarily assume all risk to their child whether in the vehicle or in any other manner and agree that they will have no claim of any nature against World of Martial Arts or its employees in the event of their children being injured and hereby forfeit any claim for compensation for damages against World of Martial Arts or its employees.

World of Martial Arts will not be held responsible for any loss, theft or damage to personal property of the members or his/her guests. The member agrees to obey all the rules and regulations as established by World of Martial Arts from this point of time. These rules are displayed inside the gym, and can be made available to any member upon request.

I hereby accept full responsibility to become a member of World of Martial Arts . I accept and understand all the rules and terms of conditions for membership to World of Martial Arts

Signed on _____ Day _____ Month _____ Year _____ Capacity
Print Full Name _____ Parent/Guardian Member over 21
Signature _____ Student or Parent/Guardian of minor students _____ Please select box

Please attach a copy of your ID document or birth certificate to this contract/application form