

Rokah Karate Registration Form

Date of trial lesson					
·	Month	Date	Year	-	
	Stu	dent Inf	ormation		
Student's Name (last,					
Parent's Name (if student is under 18)					
Mobile Phone	,				
Emergency Contact Phone					
Email					
Address					
City					
Zip Code					
Date of Birth					
	Pleas	e choos	e a prograr	m	
Karate Loyalty progr	am ongoing, twice	weekly, m	onthly \$215		
Karate Open program pause up to 3 months			ar permitted, m	nonthly \$250	
Jiu Jitsu twice weekly,					
Annual membership \$50					
Karate Gi (Uniform)	\$50				
Payment is recurring & aut	omatically drawn at t	he first of t	ne month	Total Due:	
	Pay	mont Int	ormation		
Credit Card Type	Pay	ment iiii	Officialion		
Credit Card Type Credit Card Number					
Expiration Date (mm/y					
	79)				
Security Code Name on Card					
Billing Zip Code					
Date					
Signature					

WAIVER

I hereby release and agree to hold Rokah Karate harmless from, and waive on behalf of myself, my child, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself, my child, and/or property that may be caused by any act, or failure to act of the dojo, or that may otherwise arise in any way in connection with any services received from Rokah Karate I understand that this release discharges Rokah Karate from any liability or claim that I, my child, my heirs, or any personal representatives may have against the dojo with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Rokah Karate. This liability waiver and release extends to the dojo together with all owners, partners, and employees.

Signature:
Medical Emergencies I authorize Rokah Karate to provide emergency treatment of an injury to or illness of my child/myself if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if a parent/guardian cannot be reached and a reasonable effort has been made to do so. Iam aware that participating in class is a potentially hazardous activity.
Signature:
Financial Policy We do not pro-rate for vacations, sickness, or missed classes. Tuition will be charged upon your registration to hold the spot and must be paid before the student attends class. Class, and introductory class tuition is non-refundable. Classes are non-transferable between students. We cannot give credits for missed classes.
Makeup can be made only while a student is enrolled in classes.
Loyalty Program - \$215 monthly, ongoing, recurring monthly payments, cannot freeze, can cancel any time. Open Program - \$250- monthly, Ongoing, recurring monthly payments, can freeze up to 3 months a year, can cancel anytime.
Class auto billing The billing cycle for all classes is monthly and payments are charged automatically on the 1st of each month, with the first payment due upon enrollment. Families must give Rokah Karate 3 business days notice of billing changes/opt-out prior to the payment date or the credit card on file will be charged.
Signature:
Photo Permission I, hereby grant to Rokah Karate the absolute and irrevocable right and unrestricted permission to publish, distribute, exhibit or otherwise use the photographs that Photographer's Name has taken or may have taken of me or my kids. I acknowledge that the images may be used, without limitations, in print publications, online publications, websites and on social media. I waive any right to royalties or other compensation arising from or related to the use of the photographs taken of me or my kids.
Signature: