**JKA WF CHICAGO KARATE INSTITUTE, INC.**  **60, S Broadway, Aurora, IL - 60505**

**Ph: 1-800-413-DOJO Email: chicago.karate@yahoo.com**

**www.chicagokarate.info**

Date: \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Student Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_

Cellphone Number: Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Release of Liability and Responsibility.**

I do hereby, release the JKA WF CHICAGO KARATE INSTITUTE, INC. (JKA WF CKI), its employees, agents and/or community volunteers, from any and all liability for any injury/condition, mental or physical, or any injury/condition resulting from an accident or event occurring at a course/class presented at the JKA WF CKI Dojo, by JKA WF CKI, its owner, employee, agents or volunteers. I understand that an effort will be made by the instructors and by class participants to observe safety procedures, relevant to this course/class during the time this class is in progress. I understand that I should be in good general physical condition to participate in this course/class.

# **Student’s Conduct and Payment Policy.**

* I do hereby, confirm, that I will conduct myself with proper, healthy, safe, respectful and responsible behavior, as per the 5 Karatedo Dojo Kun, (Principles), as well as uphold the decorum of the JKA WF CHICAGO KARATE INSTITUTE, INC. (JKA WF CKI).
* I shall be prompt for my classes, and be considerate towards the time and efforts of my fellow students and Instructors.
* I shall also be prompt in ensuring that my tuition dues are paid in advance, on time, before resuming my classes, i.e. I shall pay the quarterly dues by the 25th of every month prior to the start of the quarter. I understand that thereafter, a late charge of $25 will be added to my dues.
* I understand that after a month of delinquency in being late to pay my dues, the JKA WF CKI has the right to stop me from attending the classes.
* I understand that, I need to be current with my quarterly tuition dues, annual membership fees, as well as good conduct and constant progression in technique, to be permitted to test for my grades, compete in tournaments, as well as attend events endorsed by the JKA WF CKI.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If participant is under 18 years old)

Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_