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**International Traditional Karate Association** 5945 W Irving Park Road

**Japan Karate Association**  Chicago, IL 60634

Phone: 773-283-8200 office@itka-karate.com

**Application and Waiver and Agreement** [www.itka-karate.com](http://www.itka-karate.com)

Facebook.com/ITKAKarate

Last Name of Student Firs Name Middle Initial Club Name Date

Address City State Zip Home Phone Work Phone

Birth Date Age Height Weight M/F Occupation

Email (required) Date of Last Medical Exam Present Health Condition

Have you trained with us before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Stopped: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever studied Martial Arts before? \_\_\_\_\_\_\_\_\_\_ How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What style? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What rank? \_\_\_\_\_\_\_\_\_\_\_ Reason(s) for wanting to study Karate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the following information if you are under 18 years of age:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name Home Phone Cell Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name Home Phone Cell Phone

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELEASE

In consideration of being accepted as a student of ITKA/JKA and for other good and valuable consideration, the record and sufficiency whereof being acknowledged, I, my Executor, Administrator or Assign, herewith forever RELEASE AND DISCHARGE said ITKA/JKA Karate, or other organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

school name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ its owners, agents, servants, employees, and my fellow students. If signing as an adult parent or guardian for the student being enrolled,  I agree to indemnify and hold harmless ITKA/JKA  Karate, its  owners, directors, officers,  agents  employees, and assigns for any and all claims or liability by reason of any harm or injury sustained by the applicant/student  on  whose behalf I am signing,  arising out of instruction, practice, exhibitions, demonstrations, special events, demonstrations, tournament, seminars or other activities connected to these activities. I personally assume all risks of hurt or injury. I understand karate can be a dangerous activity and I expressly assume the risk of those dangers. I agree to indemnify and hold harmless ITKA for any bodily injury or property damage to my child or to myself. I am not allowed to use karate to make contact with or harm other people. Only under the direction and supervision of my instructor will I practice or demonstrate the skills and arts taught to me with care and caution. I understand that maximum cooperation, discipline, respect and concentration are expected of me during instruction and events. I agree to have my picture and video taken by ITKA for media and publicity purposes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant (of 18 or older)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent or Guardian Signature of Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTRACT

1. Fee Schedule

(1)The contract maybe cancelled by the customer within 3 business days after the first business day after the contract is signed by the customer, and that all monies paid pursuant to said contract shall be refunded to the customer. For the purposes of this Section, business day shall mean any day on which the facility is open for business. A customer purchasing a plan at a facility which has not yet opened for business at the time the contract is signed, or who does not purchase a contract at an existing facility, shall have seven calendar days in which to cancel the contract and receive a full refund of all monies paid. The customer’s rights to cancel described herein are in addition to any other contract rights or remedies provided by law; (2) In the event of the relocation of a customer’s residence to farther than 25 miles from the center facilities, and upon the failure of the original center to designate a center, with comparable facilities and services within 25 miles of the customer’s new residence, which agrees to accept the original center’s obligation under the contract, the customer may cancel the contract and shall be liable for only that portion of the charges allocable to the time before reasonable evidence of such relocation is presented to the center, plus a reasonable fee if so provided in the contract, but such fee shall not exceed 10% of the unused balance, of $50, whichever is less; and (3) If the customer, because of death or disability, is unable to use or receive all services contracted for, the customer, or his estate as the case may be, shall be liable for only that portion of the charges allocable to the time prior to death or the onset of disability. The center shall in such event have the right to require and verify reasonable evidence of such death or disability. All refunds to which a customer or his estate is entitled shall be made within 30 days of receipt by the center of the cancellation notice.

1. Every contract for physical fitness services shall provide that notice of cancellation pursuant to subsection (a) of this Section shall be made in writing and delivered by certified or registered mail to the center at the address specified in the contract.

Students / Parents (under 18) Signature Print Name

ITKA Representative Print Name