



# Olympian Martial Arts Studio & Pro Shop Inc.

## Application Form



Phone # (416) 366-6661; Fax # (416) 366-5148

Please make cheques payable to: Olympian Martial Arts Studio & Pro Shop Inc.

Date: \_\_\_\_\_ Contract Type:  New  Renewal  Joint Contract \_\_\_\_\_

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
First Name Last Name mm dd yyyy

Parent:  Same As Above \_\_\_\_\_  
First Name Last Name

Address: \_\_\_\_\_  
Street Name & No. City Province Postal Code

Home Tel.: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Business Tel.: \_\_\_\_\_

Membership Type:  1 Year  6 Months  Other \_\_\_\_\_  
Starting Belt Level

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Initial Payment: \$ \_\_\_\_\_ + GST \$ \_\_\_\_\_ = Total \$ \_\_\_\_\_  
First month & Administration fee (Excl. Uniform) No. of monthly payments

Monthly Payments: \$ \_\_\_\_\_ + GST \$ \_\_\_\_\_ = Total \$ \_\_\_\_\_  
First monthly payment date

Total Membership Fee: \$ \_\_\_\_\_ + GST \$ \_\_\_\_\_ = Total \$ \_\_\_\_\_  
Last monthly payment date

Method of Payment:  Cheque  Cash  Debit Card: Credit Card:

Comments: \_\_\_\_\_

I agree to the conditions set forth in this contract. I agree to pay as outlined. I understand that OLYMPIAN MARTIAL ARTS STUDIO AND PRO SHOP INC. will provide the Student with competent instructions and suitable facilities for teaching lessons. The classes are supervised by a qualified instructor of martial arts. Payments are for lessons during regular class sessions and do not include any extra activities, equipment or supplies. If this is a Joint Contract, each Parent is jointly and severally responsible for membership tuitions.

The Student is physically and mentally fit to take part in the lessons and has had an opportunity to observe least one class prior to signing this Contract. The Student should attend regular classes as described by the instructor. Failure to attend or complete the lessons does not relieve the Parent from membership tuitions until the term of the Contract has expired.

The Student will observe the rules and regulations, present and future, relative to training. The Student waives any and all liability against OLYMPIAN MARTIAL ARTS STUDIO AND PRO SHOP INC, it's owners, operators, employees, servants or agents for personal or property accident or injury and to lost or stolen goods. The student understands that the lessons may be physical, requiring contact and gives full permission and consent as required in training.

The Parent/Student acknowledges having received a copy of this Contract. The lessons will not be extended beyond the Contract expiry date for any missed lessons. This Contract is not transferable. Payments made are not refundable which includes administration fees. There will be a charge for NSF cheques. Lesson schedules may change from time to time. A penalty will be charged for any breach of this Contract, in whole or part.

#### RIGHT TO CANCELLATION

You may cancel this Contract without penalty within five days from the date signed. Notice of cancellation must be in writing in the possession of OLYMPIAN MARTIAL ARTS STUDIO AND PRO SHOP INC. If you move your residence greater than 40 km from the school and wish to cancel, you must give written notice in which an investigation will be conducted. If you become disabled for at least six months during the Contract term, and confirmed in writing by a doctor, you may extend this contract. If the school is closed for more than one consecutive month you may be given an extension.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Accepted By

\_\_\_\_\_  
Date