

Thunder Bay/APlex Martial Arts, LLC - Student Registration

Payment Information: Paid in full _____ Date _____

Name: _____ Date: _____ Member # _____

Address: _____ City/State/Zip: _____ County _____

Email: _____ Phone #: _____ Cell # _____

Session: Fall ____ Winter ____ Summer ____ Type: Karate ____ Judo ____ Fencing ____ Weapons ____ Current Belt Color _____
102264

DOB: _____ Age: _____ Weight _____ Height _____ Male ____ Female ____ GI Size _____

Previous Training: Y or N Art Studio: _____ How Long? _____ Where/City _____

List any physical, medical, emotional disabilities or concerns. (If none, write "None". We reserve the right to ask for medical clearance to participate. _____

Application for participation

Waiver of Liability and Covenant Not to Sue THUNDER BAY/APEX MARTIAL ARTS, LLC

I hereby apply to Thunder Bay Martial Arts/APlex LLC to be allowed to participate in Martial Art activities, including instruction, practice, demonstration, and exhibitions.

I understand that such activities involve a martial art, intense physical exertion, and extreme physical contact. I recognize that such activities involve a substantial risk of physical injury to me and others. In order to be allowed to participate in these activities I knowingly and intentionally assume the risk of injury, whether from falling contact with the instructors or others, students, activities which I am called upon or choose to perform even if such injury arises out of the active or passive negligence or gross negligence of myself, other students, or staff, or owners of Thunder Bay Martial Arts/APlex.

Therefore, I hereby RELEASE Thunder Bay Martial Arts/APlex LLC and its agents and employees from any liability, claim for any injury which I may incur in the course of any of the activities in which I choose to participate, regardless of how such injury originated, whether such injury is foreseeable or not, even if such injury could have been prevented.

In return for being allowed to participate in these activities, I hereby COVENANT AND AGREE NOT TO BRING SUIT against Thunder Bay Martial Arts/APlex LLC or its agents or servants, whether in contract tort or otherwise, for any injury or damage which I may sustain in such participation.

I represent that I am physically fit and have no physical or mental condition or disability, which would affect my ability to participate in the activities applied for.

In witness whereof I have executed this agreement at _____, Michigan.

Participant signature: _____ Date: _____

If the participant is younger than 18 years of age, the parent or guardian must also sign this form to indicate their agreement on behalf of themselves and the child.

Signature: _____ Date: _____

Signed in the presence of: _____ Date: _____

AGREEMENT: I agree to follow the rules set by Thunder Bay/APlex Martial Arts, LLC and I understand that failure to do so will result in the termination of training and forfeiture of any membership dues. All students paying the drop-in rate will be required to pay the entire class fee amount by "belt testing" in order to receive their belt.

Child Signature _____ Parents/Guardian Signature _____ Date _____

Adult Student Signature: _____ Date _____

Assigned Class Day: _____ Time: _____ Instructor: _____

Staff Use Only

Class Fee (+) \$_____ \$280 early reg before 1/15/24 - \$300 after 1/15/24

Reg. Fee (+) \$_____ \$30

Family Disc. (-) \$_____ \$140 Credit

GI Fee (+) \$_____ (\$20 if paid in full at time of sign up) (\$40 if not paid in full at time of sign up)

Other (+/-) \$_____

Belt Testing (+) \$_____ Not required to be paid at time of sign up. Belt fees are based on advancing belt color.

Total: \$_____

Amount Paid: \$_____ Date: _____ Cash/Check # _____

Type of payment: _____ Credit/Debit Card: _____ Initials: _____

Drop in Rate: Registration fee \$30 and first night of session \$25 must be paid when doing drop in rate, \$55.
When paying drop in rate, registrant is responsible for every week whether in attendance or not, \$25.

Beginning Balance		\$				\$	
Date	Amount Paid	Balance	Initials	Date	Amount Paid	Balance	Initials
1)				8)			
2)				9)			
3)				10)			
4)				11)			
5)				12)			
6)				13)			
7)				14)			

Comments: _____
