



Etobicoke Taekwondo & Deh Camp After-School

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Since 1985

Membership Contract (Please Print)

Trial Class: ___/___/___ Start Date: ___/___/___ Expiring: ___/___/___
(DD/MM/YYYY) (DD/MM/YYYY) (DD/MM/YYYY)

Name: _____ DOB: ___/___/___ Gender: M / F

Address: _____ City: _____ Postal Code: _____

Telephone - Home: _____ Work: _____ Cell: _____

Email: _____ Emergency Contact: _____ Phone: _____

Health Card#: _____ Code ___ Doctor: _____ Phone: _____

Fees

- **Membership Registration Fee** (One-Time Only/Non-Refundable) \$175.00 \$ _____ (A)
- **Tuition**

		1	Ten (10)	3	6	10	12	10 Month
<u>Unlimited</u>		Month	Lessons	Months	Months	Months	Months	After-School
1st	Person	212	399	562	994	1513	1729	Weekly: 159
2nd	10% OFF	402	758	1068	1889	2874		Daily: 49

Payment Option: Cash Cheque Credit/Debit # _____

Cheques payable to **Etobicoke Taekwondo & Deh Camp**. NSF Cheques subject to \$25 charge.

Refund Policy _____

The "Membership Registration Fee," is strictly **Non-Refundable**. Any refund for any other fee, must be requested prior to your Start Date of ___/___/____. A \$60 Administrative Charge would apply. There will be no refund available after your Start Date. _____

*****Mandatory 2 Months Prior Notice Required for After School Cancellations.**

Testing

- 'Testing' happens periodically for Belt promotions from White to Black Belt,
- Testing Dates are announced in class, and posted 2 weeks prior.
- A "Testing Fee" is an extra charge for every new belt received.
- Testing Fees (which vary, belt to belt) must be paid before/on "Testing Day." Please refer to 2022/2023 Fees Schedule for details. _____

Sparring Equipment

Personal safety "sparring" equipment, is **MANDATORY** for members **YELLOW BELT & UP**. All equipment available for purchase on-site. _____

Tuition \$ _____ (B)

Uniform (\$75) \$ _____ (C)

T-Shirt (\$18) \$ _____ (D)

Total (A,B,C & D) \$ _____

Add 13% HST \$ _____

Total Due \$ _____

I, _____, (Must Be 18 Years or Older)

hereby, agree to join the Etobicoke

Taekwondo & DehCamp After School Program for the 2022/2023 Season, and I acknowledge, that I am responsible for the payment, in full, of all program-related fees. I also, hereby confirm, that I have read, understood, and agree to all terms stated under; **Payment Options, Refund Policy, Testing, Sparring Equipment, and Total Due.**

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN _____ **DATE:** ___/___/___

FULL NAME OF PARENT OR GUARDIAN _____ **DATE:** ___/___/___

(Must Be 18 Years or Older)

QUESTIONNAIRE

Please Read Carefully.

HAVE YOU DONE TAEKWONDO BEFORE? YES ___ NO ___ STYLE _____ BELT: White _ Y _ O _ G _ B _ R _ Black

SCHOOL: _____ LOCATION: _____ MASTER: _____

WHAT BENEFIT DO YOU WISH TO GAIN BY JOINING OUR PROGRAM? _____

HOW DID YOU DID YOU FIND OUT ABOUT OUR PROGRAM? _____

PHYSICAL ACTIVITY READINESS

YES NO

- == == Do you have any health problems we need to know about before you start working out with us?
- == == Are you aware of any reason why you should not participate in any physical activity?
- == == Do you need prior Medical Authorization to participate in physical activity?
- == == Do you have any bone, joint or muscle problems that could be aggravated by physical activity?
- == == Do you experience swollen joints after participating in physical activity? Which joints: _____
- == == Do you experience back problems after engaging in physical activity?
- == == Do you have chest pain after physical activity?
- == == Have you experienced any chest pain in the past month? If yes, please explain: _____
- == == Has your doctor ever told you that you have a heart condition?
- == == Do you ever get dizzy, lose your balance or lose consciousness after physical activity?
- == == Do you have an elevated blood pressure level after engaging in physical activity?
- == == Do you have Asthma? On medication for it? Puffer _____ Other _____
- == == Do you have any allergies? To What? _____ Medication/Antidote: _____
- == == Are you currently on medication for any type of medical condition? Please explain: _____
- == == _____
- == == Have you been diagnosed with Autism Spectrum Disorder? Please explain: _____
- == == _____

NOTE: If you answered "Yes" to any of the above questions, you may experience some difficulty participating in this activity. You are, therefore, strongly advised to consult your doctor before taking your first class. If you answered "No" to all the questions you are probably fit to participate in this activity. However, it is always a good idea to check with your Doctor regardless. Etobicoke Taekwondo & DehCamp reserves the right to demand a Doctor's Note prior to your admission into this program.

WAIVER

I _____ recognize that a threat of injury exists in participating in this activity. I further understand that each person has a different capacity level for participating in physical activity, and the potential for health risks such as; fainting, abnormal blood pressure, chest discomfort, leg cramps, and dizziness may be experienced. I hereby:

- Willingly assume such risks of injury and of health
- Assume full responsibility during or after participating in this activity.
- Release and forever discharge Etobicoke Taekwondo & DehCamp, its Directors, Instructors, Contractors and Members from all actions, damages, claims, loss or injury of any nature and kind arising as a result of participating in this activity.
- Authorize the provision of medical assistance, if needed, by qualified medical practitioners.
- Authorize Etobicoke Taekwondo & DehCamp to use testimonials, photo or video images of me or my child, in Club brochures, Website, Posters and other advertising.
- Certify that I am authorized to sign this 'Waiver' without the consent of any other person; Parent or Guardian.

I DECLARE THAT I HAVE READ AND ACCEPT THE CONTENTS OF THIS WAIVER IN IT'S ENTIRETY.

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN _____ DATE ____/____/____

(Must Be 18 Years or Older)