

Etobicoke Taekwondo & Deh Camp After-School

100 Advance Road, Etobicoke, ON M8Z 2T7 Main: 416 236 5578 / Cell: 416 919 3589 <u>e-mail: mkwamedeh@gmail.com</u> <u>website: www.taekwondoit.com</u> twitter: taekwondoit

Since 1985

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Membership Contract (Please Print)

Trial Class:/ //	Start Date: / / /	Expiring: / / /
Name:	DC	B: / / Gender: M / F
Address:	City:	Postal Code:
Home Phone:	Work:	Cell:
Email:	Emergency Contac	t: Phone:
Health Card#:	Code Doctor:	Phone:

Fees

Membership Registration Fee (One-Time Only/Non-Refundable) \$185.0

\$185.00 \$____(A)

Tuition

Person	Ten (10) Lessons	1 Month Unlimited	3 Months Unlimited	6 Months Unlimited	9 Months Unlimited	12 Months Unlimited	After-School
1 st	429	254	704	1289	1753	2099	Weekly: 188
2 nd (10% OFF)	815	483	1338	2449	3330	3988	Daily: 59

Payments: Cash Cheque to Etobicoke Taekwondo & Deh Camp. NSF Cheques - \$25 charge.

Credit/Debit # Expiry Date X / CSV#X	Tuition	\$ (B)
Refund Policy X	Tullon	Ψ(D)
 All fees are strickly <u>non-refundable</u> after this "Membership Contract" is signed. 		•
 Members registered for <u>"regular lessons"</u> may quit at any t ime without penalty. 	Uniform (\$75)	\$(C)
• "After-School" membership based on a committment to the full "2025-2026 school-year."		
<u>"A mandatory 2-month written notice is required "</u> for all after-school cancellations.	T-Shirt (\$18)	\$ (D)
Your credit card will be charged until a written cancellation is received and approved.	. ,	
Testing Fees x	Total (A,B,C & D)	\$
 "Belt Testing" occurs periodically for belt promotions, and are posted monthly. "Testing Fees" for new belts are an extra charge and must be paid in advance. 	Add 13%HS T	\$
"Testing Fees" vary belt-to-belt. Please refer to "Fees & Prices Schedule" for details.		
Clothing/Sparring Gear x	Total Due	\$
All Taekwondo-related uniforms and sparring gear are available for purchase on-site.		
Approved sparring gear is mandatory, yellow belt & up, and shall be purchased from ETKD	I,	,
	(Must Be	18 Years or Older)

hereby, agree to join the Etobicoke Taekwondo & DehCamp After-School Program for the 2025-2026 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

FULL NAME OF PARENT OR GUARDIAN_____

(Must Be 18 Years or Older)

_DATE: __/ _/ ____ DATE: __/ _/

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 appravated 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 conciousness 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 Medication/Antidote: Do you have any allergies? To What? 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

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. •

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

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN

