



Membership Application

I hereby understand that by signing this contract, I become a member of **AMERICA'S FINEST KARATE & KICKBOXING (MIDDLETOWN, NEW YORK, DIVISION)**, which I am to obey the rules and regulations at all times. As a member of **AMERICA'S FINEST KARATE & KICKBOXING, MIDDLETOWN DIVISION**, I am to appear on the scheduled dates for training. I understand the training at most times will be intense. I hereby assume all responsibility for any and all damages, losses or injuries that I may sustain while attending or participating in classes. I waive all claims against **AMERICA'S FINEST KARATE & KICKBOXING, MIDDLETOWN DIVISION**, officers and employees, and the place of occurrence, individually or otherwise for any claims arising from injuries that I may sustain, while training or by others. To avoid accidents, please do not start practicing or handling gymnasium equipment until and when instructor is present. You practice at your own risk.

The student hereby declares that he or she is financially able to pay for the lessons which are contracted on a _____ basis with payments of \$ _____. Late payments that exceed 5 days or more from the original payment date will have a penalty of \$10.00 added to the tuition.

There are absolutely no refunds. Cancellations of contracts by reasons of disability will only be valid when such verification is substantiated by at least two doctors. One representing the student and one representing **AMERICA'S FINEST KARATE & KICKBOXING, MIDDLETOWN DIVISION**, and both doctors should be in agreement.

With my signature I acknowledge to have read and accepted the terms stated above.

NAME _____ AGE _____ DOB _____ SEX _____

ADDRESS: _____ APT. NO. _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE # _____ E-MAIL ADDRESS _____

OCCUPATION _____ MEDICAL CONDITION _____

IN CASE OF EMERGENCY CALL: _____

NAME	NUMBER	RELATION TO APPLICANT
_____	_____	_____

PARENT OR GUARDIAN SIGNATURE (IF UNDER 18 YRS OLD) _____

APPLICANT'S SIGNATURE _____