DHAC MARTIAL ARTS MEMBERSHIP REGISTRATION 2017-2018

Participant Name(s):_____

Parent's/Guardian's Name(s) (if under 18):_____

Address:_____ Town:_____ State:_____ Zip Code:_____

Phone Number: (__)_____ Email:_____

Are you a DHAC member? (Circle one) YES NO

Emergency Contact (name and relationship):_____ Phone Number: (__)_____

Does the participant have any known past or current medical concerns that limit participation in physical activity and contact karate? If yes, please give detailed explanation._____

_____

_____

I have filled out this form to the best of my knowledge and agree to inform DHAC in writing of any changes of health status of participant.
Any dispute, controversy or claim arising under, out of, or relating in any way to this contract and any subsequent amendments of this contract, its formation, validity, binding effect, interpretation, performance, breach or termination, as well as non-contractual claims, shall be referred to and finally determined by arbitration in accordance with the rules of the American Arbitration Association, and not by court action. Member hereby waives any and all rights to a jury trial with respect to any dispute, controversy or claim. . Model Release: I hereby waive my rights to remuneration regarding the photographing, video filming, and or written documentation of me or provided by me of my fitness activities. I understand and acknowledge that photographs, video film, and written documentation of me or provided by me may appear in the Dedham Health & Athletic Complex textbooks, training videos, advertising brochures, photographs and/or video film of me may appear in other publications independent of Dedham Health & Athletic Complex such as a magazine article or documentary. I grant permission to Dedham Health & Athletic Complex to utilize any such photograph and/or video film taken in the performance of my fitness duties, and written documentation of me or provided by me.

SIGNATURE:_____ DATE:____/____/____

(Parent/Guardian if under 18)

Student 1 _____ D.O.B ____/____/____ Monthly: | |

Student 2 _____ D.O.B ____/____/____ Monthly: | |

Student 3 _____ D.O.B ____/____/____ Monthly: | |

Student 4 _____ D.O.B ____/____/____ Monthly: | |

Total: | |

Monthly Payments

	Individual UNLIMITED	2nd Person Family Unlimited	3rd Person Family Unlimited	4th Person Family Unlimited
DHAC Members	**$99**	**$94**	**$89**	**$84**
Non-Members	**$119**	**$113**	**$107**	**$101**

****Attend as many classes as you can for your appropriate age and belt rank****

Dues and Termination Policy

All martial arts memberships are month to month with automatic renewal. Privileges may be suspended if your dues are in arrears. All members are required to fill out a termination form personally at the club and have it signed by a manager or mailed to the accounting office by certified mail when terminating their membership with DHAC Martial Arts. This notice of termination must be received 30 days prior to the effective date of membership termination, or your monthly charges will continue. DHAC will notify all members of any changes in club policy by posting such changes 45 days in advance.

Signature (Parent/Guardian if under 18) _____ Date: _____/_____/_____

EFT AUTHORIZATION FORM

If my EFT is returned I am responsible for a $25 fee ☐

I authorize my bank to make payment directly to DHAC and post it to my account. I am aware that it is my responsibility to keep this information current and that if the above account cannot be accessed for any reason, I will be charged a $25.00 return fee. EFT changes must be made by the 15th of the month, prior to when fees are due, in order to avoid the $25.00 fee. In order to avoid possible kickbacks, DHAC will advance credit card expiration dates when necessary.

☐ Visa ☐ M/C ☐ Amex ☐ Checking Acct. (attach check) 1st transfer will be on _____/25th/_____

Account #: ____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____

Expiration Date: _____/_____/_____ CVV: _____

Signature: _____ Date: _____

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