

**OKINAWA KARATE-DOH GOJU RYU JUNDOKAN
SOUTH AFRICA**

沖繩剛柔流



Surname: _____

First Name: _____

Date of Birth: _____ Age: _____

Male/Female: I.D. No.: _____

Tel. No.: _____ (H) _____ (W)

Cell No.: _____

Email Address: _____

Residential Address: _____

Postal Address : _____

Previous Martial Art experience: _____

Allergies, Disabilities etc? _____

Terms of Membership :

1. Full monthly fees are due every month irrespective of whether or not the student attends all classes (unless prior notification is agreed upon).
2. All tuition fees are paid in advance and on a monthly basis - no later by the 7th of each month (unless prior notification is agreed upon).
3. Affiliation fees are paid annually (on the month that you have joined the dojo).
4. Membership commences upon signature of this form and will be ongoing until one months prior notice of termination of membership is served in writing. The signee will bear full responsibility for all cost incurred if legal action is instituted for any outstanding amounts due to the club.
5. All fees and other dues must be up to date prior to termination of membership.
6. I accept that I voluntarily accept the risk of injury during the course of training or participating in club events and agree that neither the dojo nor the instructors can be held liable or responsible.

Signature: _____ (Student, Parent, Guardian)

Print Name: (Mr, Mrs, Miss) _____ Date: _____

DO NOT FILL IN THIS SECTION:

Affil. # DBN _____

Affil. Fee _____

Monthly Fee _____

Photo _____

Form1/02/01/2009