

Please Print Legibly

Aikido of Champlain Valley Application Form Adult (18 years or older)

Today's Date: _____ Date of Birth: _____

Student: (Last) _____ (First) _____

Who will pay for practice fees, if not the student named above:

Payee: (Last) _____ (First) _____

Home Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

Main Phone: (Area) _____ (Number) _____ 2nd Phone: (Area) _____ (Number) _____

Email 1: _____ 2nd Email: _____

(Note: Email is the primary means by which we disseminate information about the dojo, including invoices for your practice fees.)

Emergency Contact Information:

Name: _____ Phone Number: _____ Relationship: _____

Background Experience and Health Issues

Do you have martial arts experience? Include discipline, dojo name, years of training, etc.

What do you hope to learn by practicing Aikido?

Aikido is a strenuous martial art, do you have any injuries we should be aware of?

How did you learn about our dojo? What influenced your decision to join?

Liability Release

I, _____, hereby apply for instruction at Aikido of Champlain Valley and agree to the following terms and conditions:

- 1). I understand that that I am seeking instruction in Aikido, a martial art that involves strenuous exercise.
- 2). I understand that infraction of safety rules or disrespect to instructors will result in an immediate termination of my practice at Aikido of Champlain Valley.
- 3). As a condition of my attendance and participation, I agree to release all claims of liability for injury, damage, or loss related to practice or instruction while training as a student at Aikido of Champlain Valley.
- 4). My signature below indicates that I am 18 years of age or older, that I understand that the practice of Aikido accompanies a degree of risk, and that I enter such practice willingly.

Signature: _____ Date: _____

Aikido of Champlain Valley does not discriminate on the basis of race, color, age, gender, and sexual orientation, national or ethnic origin in our educational or admissions policies. We are a 501(c)(3) non-profit educational institution.

Financial Agreement with Aikido of Champlain Valley (ACV)

There are four ways to make payments for your practice: 1) ACH, 2) Cash, 3) Check, 4) Credit Card. The Dojo's policy requests that everyone use its automatic withdrawal system (described as "ACH") because it greatly simplifies our accounting system. We use your bank's routing and account number to withdraw your monthly fees, which are due the 10th of each month. For those that choose this payment plan, we offer a 10 dollar discount on your monthly fees. Of course, you can pay your fees with cash, check, or credit card if you prefer.

The table below displays the Dojo's fees for practicing Aikido, which include discounts if family members practice with you. We offer a 3 month introductory special to help get you started, which gives 3 months of practice for the price of two. Regular monthly fees are paid after the time your initial special fee coverage expires.

Adult Fees	ACH	Cash / Check / Credit Card	Description
3 Month Intro Special	\$190.00	\$210.00	(33% price reduction)
Reg Monthly Fee	\$95.00	\$105.00	(Reg price)
Monthly 2 family members	\$85.50	\$94.50	(10% reduction)
Monthly 3 family members	\$76.00	\$84.00	(20% reduction)
Monthly 4 family members	\$71.25	\$78.75	(25% reduction)

Below, we ask you to clarify which payment plan you will use to pay for your aikido practice. Please fill out the appropriate amounts, payment type, and dates. Ask for help if you have questions.

Start Practice Date: ____ / ____ / ____

How will you pay for your initial practice fees?

Choose one option	Amount	ACH	Cash	Check	Credit Card
Intro, 3 Month Special	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intro, Reg Monthly Fee (No Special)	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Fees begin with the start of each month. If you start practice **before** the 15th of a month, then your intro fees begin with that month. If you start after the 15th of a month we apply your intro fees to the beginning of the next month. However, we prorate the weeks before your intro fee starts at \$20/week.

Prorate month if start after 15th	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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You will need a Gi—our practice uniform. You can purchase one from the dojo or from the internet.

Gi (if purchased from Dojo)	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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GRAND TOTAL INTRO: \$ _____ **Pay this amount to begin practicing.**

When the time period for your intro-payment is over, how will you pay for monthly practice fees?

Regular Practices Fees begin: ____ / ____ / ____

Discount if applicable (multiple family, student, military, special circumstance): _____

Amount for Reg Fees:	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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ACH payment plan, please **tape a voided check** to the top of this application or **fill in the information below:**

Bank Name _____ **Routing Number** _____ **Account Number** _____

Finally, consider making a monthly donation to support our Samurai Youth Program. We provide financial assistance to students who otherwise could not afford Aikido practice.

Monthly Donation	\$ _____ /Month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Name of Intake Person: _____