

Please print your responses legibly

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

Application Date: _____ Date of Birth: _____

Student's Name: Last _____ First _____

Preferred Pronoun: He/Him She/Her They/Them

Home Address: Street _____ City _____ State _____ Zip _____

Main Phone: _____ Email: _____

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

Alternative Payee: (Last) _____ (First) _____

Payee Phone: _____ Email 2: _____

(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)

We offer a 3-month introductory special to help you get started, which gives 3 months of practice for the price of two. Regular monthly fees are paid after your initial introductory fee coverage expires.

We ask all members to pay their practice fees using our automatic bank withdrawal program. With this method, using your bank's routing and account number, we withdraw your monthly fees directly from your bank by the 15th of each month. We offer a 15-dollar discount for this payment plan because it simplifies our accounting system. Of course, you can pay your fees with cash, check, or credit card if you prefer; these monthly payments are made at the front desk.

We provide a \$10 practice fee discount for college students, and families with multiple members practicing.

Adult Fees	AutoWithdrawal Discount	Cash/Check/Credit Card
3 Month Intro Special	\$230	\$260
Reg Monthly Fee	\$115	\$130
College Student or Family rates	\$105	\$120

Below, are the details we need clarified in order to begin your aikido practice. Please fill out the appropriate amounts, payment types, and dates. Ask for help if you have questions.

Start Practice Date: _____	(required field)																				
How will you pay for your initial practice fees?																					
Choose one option:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Amount</th> <th style="width: 12.5%;">ACH</th> <th style="width: 12.5%;">Cash</th> <th style="width: 12.5%;">Check</th> <th style="width: 12.5%;">Credit Card</th> </tr> </thead> <tbody> <tr> <td>Intro, 3 Month Special \$ _____</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Intro, Reg Monthly Fee (No Special) \$ _____</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Gift Certificate/Other \$ _____</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table>	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"/>	Gift Certificate/Other \$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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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 15 th 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 \$25/week.																					
Prorated Fee (2 wks \$50; 1 wk \$25) \$ _____	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>																				

You will need a Practice Gi	Amount	ACH	Cash	Check	Credit Card
Gi (if purchased from Dojo)	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choose Gi Type:	Youth \$50 Sizes: 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> or 3 <input type="radio"/> Adult \$60 Sizes: 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> or 7 <input type="radio"/>				

GRAND TOTAL: \$ _____	Pay this amount to begin practicing.
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Payment plan for monthly practice fees	ACH	Cash	Check	Credit Card
Date Regular Practices Fees Begin: _____	*(required field)			
Discount if applicable (multiple family, student, military, scholarships): _____				
Amount for Reg Fees: \$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If paying by ACH, we need your bank info: please **tape a voided check** to the top of this application. or provide the information in the spaces below:

Routing Number: _____ **Account Number:** _____

The dojo provides financial assistance to students who cannot afford Aikido practice fees (primarily students in our Youth Program), consider making a monthly donation to support their practice.				
	ACH	Cash	Check	Credit Card
Monthly Donation: \$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name of ACV Intake Person: _____