

Please Print Legibly

Aikido of Champlain Valley Application Form Teen 13 through 17 years old

Application Date: _____ Date of Birth _____

Student's Name: Last _____ First _____

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

Parent/Guardian1: Last: _____ First _____

Parent/Guardian2: Last: _____ First _____

Home Address: Street _____ City _____ State _____ Zip _____

Note: Please provide us with an active email address and phone number. We disseminate information about the dojo through your email address.

Primary Phone: Area _____ Number _____ Email 1: _____

Second Phone: Area _____ Number _____ Email 2: _____

Emergency Contact Information:

Name: _____ Phone Number: _____ Relationship: _____

Background Experience and Health Issues

Aikido is a strenuous martial art, does your child have any injuries or limitations we should be aware of?

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

Liability Release

I, _____, hereby enroll my child for instruction at Aikido of Champlain Valley and agree to the following terms and conditions:
(Parent/Guardian Name)

1. I am seeking instruction in Aikido for my child, and I understand that it involves strenuous exercise.
2. I understand that infraction of safety rules or disrespect to instructors by my child will result in an immediate termination of his/her 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 understand that the practice of Aikido accompanies a degree of risk, and that I enroll my child willingly.

Signatures:

Parent/Guardian's _____ Date: _____

Student's _____ 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 501c3 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 discount for families with multiple members practicing.

Teen Fees	AutoWithdrawal Discount	Cash/Check/Credit Card
3 Month Intro Special	\$210	\$240
Reg Monthly Fee	\$105	\$120
Family rates (multiple members)	\$95	\$110

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	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"/>

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 \$25/week.

Prorated Fee (2 wks \$50; 1 wk \$25) \$ _____

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"/>	or 6 <input type="radio"/>

GRAND TOTAL: \$ _____ **Pay this amount to begin practicing.**

Payment plan for monthly practice fees **ACH** **Cash** **Check** **Credit Card**

Date Regular Practices Fees begin: _____ *(required field)

Discount if applicable (multiple family, student, scholarships): _____

Amount for Reg Fees: \$ _____

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.

Monthly Donation	Amount	ACH	Cash	Check	Credit Card
Monthly Donation	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name of ACV Intake Person: