

Please Print Legibly

## Aikido of Champlain Valley Application Form Youth 6 through 12 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  
(Parent/Guardian Name) and agree to the following terms and conditions:

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.

Youth Fees	AutoWithdrawal Discount	Cash/Check/ Credit Card
3 Month Intro Special	\$190	\$220
Reg Monthly Fee	\$95	\$110
Family rates (multiple members)	\$85	\$100

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.

<b>Start Practice Date:</b>	_____ (required field)				
<b>How will you pay for your initial practice fees?</b>					
<b>Choose one option</b>	<b>Amount )</b>	<b>ACH</b>	<b>Cash</b>	<b>Check</b>	<b>Credit Card</b>
<b>Intro, 3 Month Special</b>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Intro, Reg Monthly Fee (No Special)</b>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Gift Certificate/Other</b>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Fees begin with the start of each month. If you start practice <b>before</b> the 15th of a month, then your intro fees begin with that month. If you start after the 15<sup>th</sup> 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.</p>					
<b>Prorated Fee (2 wks \$50; 1 wk \$25)</b>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>You will need a Practice Gi</b>	<b>Amount</b>	<b>ACH</b>	<b>Cash</b>	<b>Check</b>	<b>Credit Card</b>
<b>Gi (if purchased from Dojo)</b>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Choose Gi Type:</b>	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"/>

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

If paying by ACH, we need your bank info: please <b>tape a voided check</b> to the top of this application.	
or provide the information in the spaces below:	
<b>Routing Number:</b>	<b>Account Number:</b>

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

Name of ACV Intake Person: \_\_\_\_\_