

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: _____

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

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

Alternative Payer: Last _____ First _____

Phone: _____ Email: _____

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 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. This simplifies payments for us and for you, and keeps them on a regular schedule. Other payment methods incur an extra fee of \$15, due to the added complication for our accounting system.

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

Fee Tier	Fee Amount
3 Month Introductory Special	\$230
Regular Monthly Fee	\$125
College Student or Family Rate	\$115

Below are the details we need clarified in order to begin your aikido practice. Please fill out the appropriate amounts and dates. A senior student can assist you with any questions.

Start Practice Date: _____ (required field)

How will you pay for your *initial* practice fees?

Choose one option: _____ Amount

3 Month Introductory Special \$ _____

Regular Monthly Fee (No Special) \$ _____

Gift Certificate/Other \$ _____

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 on or 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

Gi (if purchased from Dojo) \$ _____

Choose Gi Type: Youth \$50 Size: 0 ☐ 1 ☐ 2 ☐ 3 ☐
Adult \$60 Size: 4 ☐ 5 ☐ 6 ☐ 7 ☐

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

Payment plan for monthly practice fees

Date Regular Practices Fees Begin: _____ (required field)

If beginning with 3 month introductory special, date will be the first of the month, three months after start month.

If beginning with regular monthly fee, date will be the first of the practice start month.

In either case, add an additional month if starting on or after the 15th of the month.

Amount for Regular Fees: \$ _____

For automated payments, 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: \$ _____

Name of ACV Intake Person: