

Please print 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:** \_\_\_\_\_

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

**Would you like to receive important announcements via phone text messages?:** Yes  No

### Emergency Contact Information

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Our newsletters and other materials include photos taken during classes and events at the dojo.**

**Do we have your permission to publish photos in which you may appear?:** Yes  No

### 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?

Aikido training involves close physical contact, submission holds, and striking, in addition to throwing techniques. While we do not need details, it is helpful for instructors to know if you have a history of trauma and/or emotional concerns that may impact your practice. If you feel comfortable doing so, please let your instructor know that you wish to have a confidential conversation.

### 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 15<sup>th</sup> 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	\$130
College Student or Family Rate	\$120

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 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.

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

**You will need a Practice Keikogi** Amount \_\_\_\_\_

**Keikogi (if purchased from Dojo)** \$ \_\_\_\_\_

**Choose Keikogi 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 15<sup>th</sup> 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). Please consider making a monthly donation to support their practice.

**Monthly Donation:** \$ \_\_\_\_\_

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