

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 _____

Primary Phone: _____ **Email:** _____

Secondary 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 your child may appear?: Yes No

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?

Aikido training involves close physical contact, pins, and throws. If you have any special concerns about the nature of the practice, please let our chief instructor know if you would like to have a confidential conversation.

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 _____ Date: _____

Student _____ 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. 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 families with multiple members practicing.

Fee Tier	Fee Amount
3 Month Introductory Special	\$190
Regular Monthly Fee	\$105
Family Rate	\$95

Below, are the details we need clarified in order to begin your aikido practice. Please fill out the appropriate amounts, payment types, 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 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 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). Please consider making a monthly donation to support their practice.

Monthly Donation: \$ _____

 Name of ACV Intake Person: