



Training Application & liability release form

PLEASE COMPLETE THIS FORM AS DETAILED AS POSSIBLE. WRITE LEGIBLY. THESE PARTICULARS ARE THAT OF THE STUDENT TRAINING, SHOULD THERE BE A MEMBER APPLYING UNDER THE AGE OF 21, PARENT/GUARDIAN CONTACT DETAILS & SIGNATURE ARE REQUIRED.

Full name Surname

DOB (DD/MM/YY) Age ID.....

Address

.....

Tel (H) (W) (C)

Email

Occupation

Physical disabilities/allergies/illnesses

Training Experience: Any previous Martial Arts training experience?

.....

Reason for training?

Membership (Mark with X)

Gold(R2000pm).... Silver(R1500pm)....Bronze(R1000)....Per Class (R100)....Kids (R500).....Kids (R600)....

Other.....

Membership Terms & Conditions

PLEASE READ EACH OF THE FOLLOWING POINTS CAREFULLY AND INITIAL AFTER EACH ONE. BY INITIALING AND SIGNING THE TERMS AND CONDITIONS YOU DECLARE THAT YOU UNDERSTAND AND AGREE TO ABIDE BY THE MEMBERSHIP TERMS AND CONDITIONS.

- The member acknowledges and understand that this is a 1 year contract and accordingly he/she may terminate the membership by providing 1 (One) months' notice of intention to terminate after completing the year. If no notice is received the membership will automatically renew yearly and a yearly 10% increase will apply. (Initial ___)
- This contract can be cancelled by paying a cancellation fee of 30% of the remainder of the agreement. (Initial ___)
- Payments later than the 5th of every month results in a R100 penalty fee being charged (Initial ___)
- Monthly payments in terms of the membership are due irrespective of class attendance.(Initial ___)
- Members must ensure that they become familiar with the physical nature of CombatCoaching.com training. (Initial___)
- The member acknowledges that he/she does not presently suffer from any medical disabilities or problems that will prevent the member from participating in CombatCoaching.com training or that will endanger the member's health or the health of other members. The member acknowledges that he/she is physically and mentally fit to participate in a course of Martial Arts instruction and free of any communicable/infectious diseases. (Initial___)
- In the event that a member develops any medical problems, the member undertakes to consult a medical doctor in order to obtain approval for the member to continue participation in CombatCoaching.com training. (Initial___)
- In the unlikely event of an emergency, the member hereby authorises licensed personnel to perform any acceptable medical procedures on the member deemed necessary or advisable and agrees to bear the expenses of any transportation or procedures. (Initial___)
- CombatCoaching.com training involves sparring and physical contact with others which may result in personal injury. The member hereby indemnifies and holds CombatCoaching.com and any of its appointed staff or other members harmless from any claim or liability for injury. (Initial___)
- CombatCoaching.com is not to be held liable for any loss or damage to personal property of members. (Initial___)
- I give permission to CombatCoaching.com to make use of any pictures taken of myself for marketing/promotional purposes (Initial___)

Signed at _____ this _____ day of _____ 20_____

Member Signature_____