



# Karate-do International

## Durbanville

### Application for Membership

I hereby apply for enrolment as a student of Karate-Do International, and I hereby agree to the following:

1. I agree to pay the annual membership fee of R400.00 (adjusted annually), which fee is payable upfront before the application may be accepted and shall again be due and payable on 1 February each year. (Pro-rata reductions apply during the year.)
2. I further agree to pay the applicable monthly fee of R500.00 in advance on the 1st day of every month for as long as I remain a member of Karate-Do International, Durbanville/Brackenfell. I further understand and agree that the monthly membership fee is payable for as long as I remain a member, regardless of whether I am actively training or not. Fees are reviewed annually.
3. Should I wish to terminate my membership or discontinue training, I understand that I may do so by giving at least 2 (two) calendar months' notice in writing and that I shall forfeit the annual membership fee already paid. If I wish to reapply for membership at any stage, I will be liable for the yearly membership fees again. I also understand that, upon termination, I will not be eligible for any refund of the fees paid.
4. I confirm that I am physically and medically fit to undergo physical exercise and am not aware of any medical conditions or grounds preventing me from participating in such training.
5. Even though all due care is taken and instruction is only guided by qualified and trained personnel, Karate-Do International, its employees, members, and instructors will under no circumstances be liable for any injury suffered or loss sustained (be it direct or consequential) while undergoing training or while on the premises or while being involved in any way with any of the activities of Karate-Do International, and whether such injury or loss is caused by any negligent act and/or omission on the part of Karate-Do International or any of its members.

*Please complete the applicable personal information requested below*

**Surname:** \_\_\_\_\_

**First name(s):** \_\_\_\_\_

**Gender:** Male Female (M/F)? \_\_\_\_ **Date of birth** \_\_\_\_\_

**Physical address:** \_\_\_\_\_  
\_\_\_\_\_

**Contact numbers:** Home: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Employer/School** \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Full name of guardian (if applicable):** \_\_\_\_\_

**Signature of Guardian:** \_\_\_\_\_

*Welcome to our Family of Warriors*

