

La Pine K.J.B.A.
Membership Application & Financial Agreement

Name: _____ Phone #: _____
Email: _____
Address: _____
Age: _____ Birth Date: _____ Height: _____ Weight: _____
Health: _____ Physical Disability: _____
Major illness in past (2) years: _____
Insurance: _____ Group Number: _____
Religion: _____
Fathers Name: _____ Address: _____
Mothers Name: _____ Address: _____
Lives with: _____

What athletic events do you participate in? When?

Give three (3) reasons that explain why you want to participate in this art?

1: _____
2: _____
3: _____

I hereby promise to abide by the ways and by-laws set forth by Ken-Ju-Bo-Ai. I acknowledge their system and freely participate in the discipline of their training.

I promise not to abuse the art; in or out of class by inflicting its usage without proper reasoning or by freely displaying it's training in public.

I understand that any bodily injury that may occur to me while training will be of my own free will. I fully understand the amount of effort in exertion and endurance that will occur during my training.

I hereby waive a release and hold harmless all instructors, administrators and training participants that I involve myself with in training in this art, freeing them of any responsibility for my injuries.

I hereby agree to a physical membership of no less than six (6) months with the La Pine K.J.B.A.

FINANCIAL AGREEMENT

MONTHLY FEES

\$25.00 Individual
\$35.00 Family (2-3)
\$45.00 Family (4-More)

1. Monthly fees for the subsequent month are due during the last week of class every previous month.
2. The monthly fee will apply if two (2) or more classes are attended in the month.
3. Students are eligible for promotion and to fight in tournaments only if the monthly fees are paid in full.

Payments are acceptable by check, cash, or money order (exact amount please). Payments may be given to your instructor only. Make checks payable to LaPine K.J.B.A.

The above information is true and sincere to the best of my ability. I understand the importance of the conditions set forth in this document.

Signature of Participant: _____ Date: _____

Signature of Parent
or Legal Guardian: _____ Date: _____
(If under 18 years of age)