Member #:	Membership Rep:

DHAC MARTIAL ARTS REGISTRATION 2019-2020

Particinant Name(s):					
Parent's/Guardian's N	Jame(s) (if under 18)				
Address:	danie(b) (ir diider 10).	To	nwn:	State: 7in	Code:
Phone Number: ()	Email:	own:		
Are you a DHAC men	nber? (Circle one) YE	ES NO			
			Phone Nu	ımber: ()	
Does the participant h	ave any known past or cut	rrent medical concerns th	nat limit participation in phy	vsical activity and conta	ct karate? If ves_please
			au mini participation in pii.		
give detailed explanat	ion				
Any dispute, controversy or interpretation, performance, Arbitration Association, and rights to remuneration regard photographs, video film, and photographs and/or video fil Dedham Health & Athletic (claim arising under, out of, or rel breach or termination, as well as not by court action. Member here ding the photographing, video file I written documentation of me or m of me may appear in other pub Complex to utilize any such photo	ating in any way to this contract non-contractual claims, shall be eby waives any and all rights to ming, and or written documenta provided by me may appear in ilications independent of Dedha.	of any changes of health status of t and any subsequent amendments referred to and finally determined a jury trial with respect to any dis- tion of me or provided by me of my the Dedham Health & Athletic Cor m Health & Athletic Complex such n the performance of my fitness du	of this contract, its formation, by arbitration in accordance voute, controversy or claim. My fitness activities. I understant under the table to the table to the table to the table to the table table to the table table to the table table to the table	with the rules of the American odel Release: I hereby waive my dd and acknowledge that sa, advertising brochures, mentary. I grant permission to n of me or provided by me.
(Parent/Guardian ii		IMITED MON	THLY REGIST	RATION	
Student 1:	//	D.	O.B/	Monthly:	
Student 2:		ROD.	O.B//	Monthly:	
Student 3:		D.	O.B/	Monthly:	
		7		Total	
		Monthly P	avments		
		Individual	2nd Person	3rd Person	//
	111	UNLIMITED	Family Unlimited	Family Unlimited	/ /
	DHAC Members	\$109	\$104	\$99	-//
					_//
	Non-Members	\$129	\$124	\$119	_/ /
	Atten	d as many classes <mark>as you c</mark> a	an for your appropriate age a	and belt rank	//
		Duos and T	ermination Policy		/ //
are required to fill out a terminating their meml termination, or your me	a termination form persona bership with DHAC Martia	n to month with automatic lly at the <mark>club and have it</mark> I Arts. This notice of tern e. DHAC will notify all me	renewal. Privileges may be s signed by a manager or mail nination must be received 30 mbers of any changes in club	ed to the accounting officed ays prior to the effective openicy by posting such controls.	e by certified mail when date of membership
•					
		EFT AUTHO	RIZATION FORM	T.C TOTOM:	
				If my EFT is responsible for	
above account cannot be in order to avoid the \$25	accessed for any reason, I wi .00 fee. In order to avoid pos	ll be charged a \$25.00 returnsible kickbacks, DHAC wil	t. I am aware that it is my response. EFT changes must be nal advance credit card expirational be on/25 th /	ponsibility to keep this info	ormation current and that if the
Account #://_	/////	////	//////	/	
Signature:		Date:			

DHAC MARTIAL ARTS REGISTRATION 2019-2020

SESSION REGISTRATION

Fall Session I

September 8th – November 9th

Fall Session II

 $\begin{array}{c} November \ 10^{th} - February \ 1^{st} \\ Break \ Weeks: \ November \ 24^{th} - 30^{th} \\ December \ 22^{nd} - \ January \ 4^{th} \end{array}$

Member: \$171 Non-Member: \$207

Class: _	//	Day:		Time:	_ \ \ \
Class: _	//	Day:		Time:	- \\\
		000	21 11		Total:
	Cash	Check #	127		
	Credit Card	Card on File			
	as it appears on card: Jumber:		DHAI		
Expira	tion Date:/		CID#_		//
Cardho	older's Signature:				//
		1.8	TIL	33	
		DEDH & At	AM HEALT	Ή	

DHAC MARTIAL ARTS POLICY REMINDERS

- 1) For Unlimited Monthly 30-day notice of cancellation is required. To place a hold and avoid and 30-day charges for time you are away a return date must be given at time of hold.
- 2) Please make sure you/your child is attending the appropriate classes for their age and belt rank. While Mr. C and Miss Cynthia may make a one-time exception when unforeseen events do not allow a student to attend their regular class. It is not to become a regular occurrence. Unlimited Monthly memberships only apply to the appropriate class level for the age and belt rank of the student. Any student attending classes outside of their appropriate class without express permission for that particular class day and time will be charged the individual class rate (\$19/\$23) accordingly.
- 3) All Test Fees must be paid prior to testing with receipt given to Mr. C. or Miss Cynthia. Any test fees not paid prior to testing will be billed to the student's account.