AIKIDO

CONTACT: DARKO 082 5795880

WENDYWOOD DOJO

APPLICATION AND INDEMNITY FORM

SURNAME: _____

FIRST NAMES: _____

DATE OF BIRTH: Date_____Month_____Year_____

OCCUPATION _____ EMPLOYER: _____

RESIDENTIAL ADDRESS:	POSTAL ADDRESS:
CODE:	CODE:

CONTACT DETAILS:	POSTAL ADDRESS:
Home	Name:
Work	Relationship:
Cell:	Contact No.
E-Mail:	Cell:

I,_____(Full Name)

Hereby undertake for enrolment as a pupil of JOHANNESBURG SCHOOL OF AIKIDO and I hereby agree and undertake to pay the annual application / membership fee and the tuition fees as per the current pricing schedule, payable on or before the 5th of each month that the said fees are due.
The act of signing this acceptance and indemnity form by the authorized JOHANNESBURG SCHOOL OF AIKIDO representative shall constitute acceptance of this application. I accept that verbal acceptance of my application will be given, followed by the issuing of a SAAA passport in my name.
I agree to treat all lessons I receive as confidential and I will not, under any circumstances, divulge the knowledge gained from tuition received, nor will I maliciously and wilfully use my knowledge to do unlawful injury to another but I shall abide by the rules of JOHANNESBURG SCHOOL OF AIKIDO as laid down and conduct myself honourably at all times.
I agree that in the event of my breach of any of the above terms, I may be suspended or expelled from classes, and I shall forfeit any fees paid to me I voluntarily accept the risk of suffering injury in the course of my tuition: whether on or off JOHANNESBURG SCHOOL OF AIKIDO premises and I agree that neither the Principals, nor the Instructors, nor anyone else involved in an accident may be held responsible for any injury whatsoever.

If the student is under 21 years of age, the consent of his or her parent or guardian is required. The parent or guardian should accordingly sign where applicable, and should be listed as the next of kin above.

Signed at _____ on_____ the day of_____ 20_____

SIGNATURE_____ DULY ASSISTED BY_____

I hereby accept the application _____
Authorized representative's name _____
Authorized representative's rank _____