



## Kenwyn Martial Arts Centre

Regional Headquarters: 19 Civic Rd, Kenwyn Cape Town 7780 Tel: 021 696 0902 Fax: 08661285628 Mobile: 082 3781 544  
Email: info@kenwynmartialartscentre.com, Website: www.kenwynmartialartscentre.com

### Student Questionnaire and Application

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_ **Please Print**

#### First Student Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_ Student ID: \_\_\_\_\_

#### Second Student Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_ Student ID: \_\_\_\_\_

#### Third Student Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_ Student ID: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cellular Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Is your child in good health and with no physical problems?  Yes  No

If no, please explain: \_\_\_\_\_

Previous experience?  Yes  No If yes, please explain: \_\_\_\_\_

Who referred you to (Kenwyn Martial Arts Centre)? Referred by: \_\_\_\_\_  Yellow Pages  KC TV Screen  
*90% of our new students are referred by other happy students.*  
 Newsletter  Website  Other: \_\_\_\_\_

Considering the following major reasons to learn Martial Arts, please number them in their order of importance to your child?

Self Defence	1 2 3 4 5	Self Confidence	1 2 3 4 5	Weight Control:	1 2 3 4 5
Self Control	1 2 3 4 5	Physical Fitness	1 2 3 4 5	Self Discipline:	1 2 3 4 5

It is important that your child takes an average of 2 classes a week. Is there any reason he/she cannot take lessons at an

average of twice a week? No Yes, Please explain: \_\_\_\_\_

Do you agree with our **Student Creed**? Yes No

*"To build true confidence through **Knowledge** in the mind, **Honesty** in the heart and **Strength** in the body.  
To keep friendship with one another and to build a strong and happy community.  
Never fight to achieve selfish ends but to develop **Might for Right.**"*

**We are a Black Belt school.** Our goal for all of our students is to reach the level of **Black Belt** and beyond. Is your child ready to be committed to reach this level? Yes No

Will you be living in this area at least 12 months? Yes No

Can your child commit to at least 15 minutes (twice a week) practice at home? Yes No

The undersigned student or parent/guardian understands the risk of studying Martial Arts and hereby releases (**Kenwyn Martial Arts Centre**) all instructors and all other students of (**Kenwyn Martial Arts Centre**) from any and all liabilities for any type of injuries or loss sustained while training, studying, practicing, or in the application of Martial Arts or Karate. The undersigned also states that he/she is in good physical condition and knows of no reason why he/she cannot study and participate in Martial Arts.

The undersigned understands that (**Kenwyn Martial Arts Centre**) does not offer refund.

In the event of an emergency I hereby authorize any licensed medical personnel to perform any accepted medical procedure deemed necessary and agree to bear the expense of any such treatment.

Signed: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ \_\_\_

In case of emergency, call \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Would anybody else be allowed to pick up your child from the centre? No

Yes, If yes please give us names:  
\_\_\_\_\_  
\_\_\_\_\_

***Congratulations on your decision for your child to take  
the first step not only in becoming a Black Belt,  
but to be successful in everything he/she does!***

**AFFILIATION:**



**IKKO (International Kenshi Kai Okinawan Goju Ryu Karate Kobudo Organisation)**

**Okinawa, Japan**

**AGKF (Africa Goju Ryu Karate Federation)**

**KAWP (Karate Association Western Province)**

**KSA (Karate South Africa)**

**BANK DETAILS**

**For direct and electronic payments:**

**Standard Bank**

**Acc Name: Kenwyn Martial Arts Centre**

**Acc # 072907134**

**Branch: Kromboom**

**Code: 6209**

## ENROLLMENT AGREEMENT

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The undersigned agrees to take and this school agrees to teach a course of martial arts lessons during the next 12 months.

Starting date: 2010

Course ends: \_\_\_\_\_

Tuition	R	Annual Registration	R170.00
Student Manual -	R50.00	Down Payment -	
Late Fee	R.00	Remaining Balance	

The undersigned promises to pay total of payments shown above in 12MONTHLY instalments of R pm and thereafter with the first instalment being payable on 1<sup>ST</sup> DAY OF EACH MONTH and all subsequent instalments on the same day of each consecutive month until paid in full.

### TERMS

If you wish to cancel this contract, you may cancel by mailing a written notice by certified or registered mail to the school. The notice must say that you do not wish to be bound by this contract and must be delivered or mailed before midnight of the third business day after you sign this contract. The notice must be delivered or mailed to: 19 Civic Rd, Kenwyn 7780

You may cancel this agreement if you relocate your residence further than 40 kilometres from any school operated by **Kenwyn Martial Arts Centre**. Or any substantial similar school which would accept the obligation of the School by paying a cancellation fee for an amount equal to 30% of the remaining agreement. This agreement may also be cancelled in a case of death, or if the school ceases operation at the location where you entered into this contract. If you become disabled, you shall have the option of (1) being relieved of liability for payment on that portion of the agreement term for which you are disabled by paying a cancellation fee for an amount equal to 30% of the remaining agreement, or (2) extending the duration of the original agreement at no cost to you for a period equal to the duration of the disability. You must prove such disability by a doctor's certificate, which shall be enclosed with the written notice of disability sent to the school. The school may require that another physician examine you.

\* Kenwyn Martial Arts Centre reserves the right to alter the days, hours of operation and classes if deemed necessary.

\* The student and co-signer agree unconditionally to pay the above tuition without regard to the attendance made or classes missed.

### Release and Waiver of Liability

We, the student & guarantor, if applicable, on behalf of ourselves, members of our family, our heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless, **Kenwyn Martial Arts Centre**, representatives and agents for any injury, loss, or damage to my person or property howsoever caused, arising out of or in connection with my taking part in martial arts classes and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of **Kenwyn Martial Arts Centre**

Representatives or agents. Please Note: participants must supply their own protective equipment.

The undersigned acknowledges that:

1. He/She is desirous of using, as a member on a membership basis, the martial arts dojo herein referred to as \_\_\_\_\_
2. He/She has received a completely executed copy of this agreement.

3. He/She confirms that there were no verbal presentations other than those specified in this agreement.
4. He/She may be photographed or filmed while attending at the premises of and he/she gives permission to, and all their affiliates to use any and all video footage, and/or video streaming for promotional, sales, publicity, and advertising purposes for all media including internet.
5. The waiver was read and he/she agrees to abide by it.

\_\_\_\_\_  
**Kenwyn Martial Arts Centre**  
Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Co-signer (if under 19)

\_\_\_\_\_  
\_Student signature

## **Payment Options**

### **Membership Fees 2010**

**Juniors R230pm**

**Adults R250pm**

**Membership Registration R170 per year**

**Quarterly Fee – R690**

**Startup fee R400 Jan & Registration**

**Full payment for year with 1 month free**