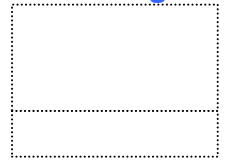


# New Members Registration Form



## 1. Personal Details *(Required for all members.)*

First Name:	Surname:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please tick)</i>	Home Address:
Date of Birth:	
Home Phone:	
Work Phone:	
Mobile Phone:	Occupation:
Email:	or School:

## 2. Parent / Caregiver Details *(Required for members less than 16 years of age)*

Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile Phone:	Mobile Phone:
Email:	Email:
Occupation:	Occupation:

## 3. Known Medical Conditions

*(Please complete this section if there are any medical conditions that the instructors of Kaizen Academy NZ Ltd should be aware of.)*

Condition 1:	Treatment:
Condition 2:	Treatment:
Condition 3:	Treatment:
Medical Practitioner Name:	Emergency Contact Person:
Medical Practitioner Phone:	Emergency Contact Phone:

- During your training with us, our instructors will always endeavour to provide you and your children with the highest levels of professional instruction and encouragement.
- Your signature on this membership application form provides Kaizen Academy NZ Limited and it's instructors with your acknowledgement that the Seido Karate System is a form of Martial Art and that you accept that there are risks associated with your participation or that of your children.
- With this understanding you indemnify Kaizen Academy NZ Limited and it's instructors from any liability both professionally and / or personally should you or your children sustain any injury as a result of your / their participation in training during your / their period of membership.

## 4. Membership Categories and Training Fees

Membership Categories		Monthly Training Fee by Automatic Payment
Adult (16+) Waged	<input type="checkbox"/>	\$90
Adult (16+) Unwaged	<input type="checkbox"/>	\$65
Student (16+) Full time school or tertiary	<input type="checkbox"/>	\$55
Youth (up to 15)	<input type="checkbox"/>	\$50
Casual class	<input type="checkbox"/>	\$15
Family (Up to 5 people)	<input type="checkbox"/>	Standard fee for the first two family members based on Adults, then Children

*Please note that term fees for school children are available on request from front desk or through our email contact: [admin@kaizenacademy.co.nz](mailto:admin@kaizenacademy.co.nz)*

## 5. Payment Methods and Frequencies – Preferred Payment Method

Payment Methods Accepted (Please circle)			Payment Frequencies (Please circle)		
Cash	Cheque	EFTPOS	<b>Monthly</b>	Quarterly	Yearly
Credit Card	<b>Automatic Payment</b>				

How did you find out about Seido Karate?				What was your MAIN reason for starting Seido Karate?			
Thru friend / family	<input type="checkbox"/>	Saw the sign on the building	<input type="checkbox"/>	Self-defence	<input type="checkbox"/>	Improve co-ordination	<input type="checkbox"/>
Brochure	<input type="checkbox"/>	Advertising / Yellow pages	<input type="checkbox"/>	Meet people	<input type="checkbox"/>	Lose weight	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	Website	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>		

- During your training with us it is important to us that you keep us informed of any changes to your membership details or changes to your circumstances that may prevent you from being able to train.
- It is also important that you keep up to date with your fee payments and if for any reason you have trouble in maintaining your training and / or fee payments please contact the Principal Instructor – *Sei Shihan* Ben Otang who will work with you to organise an arrangement that will assist you.
- In joining Seido Karate Wellington you agree to continue to pay your monthly training fees even when away from training. Please notify us **three months** in advance if you want to stop training for any reason so that we can waive your training fees until you can start training again.
- Contact Numbers:      *Sei Shihan* Ben Otang      027 471 9055

I certify that I have read and understand the information as contained in the enclosed membership application forms and seek membership with Kaizen Academy NZ Limited.

Signature: .....

Date: .....