



Daido Academy

Walter Baker Centre, Barrhaven
 Phone: 613-850-1361
 Email: daidoschool@gmail.com
 Web: www.daidoacademy.com

Receipt#: _____
Paid\$: _____ (Cash/Chq)

Organization Name:
Volunteer Martial Arts Club
 (Ontario Corporation # 1681494)

Which classes are you registering for?

- Kung Fu (Shaolin)
 Kung Fu (Weapons)
 Adult Taichi I
 Adult Taichi II
 Dance I – Intensive (1.5 hours) (age 6-11)
 Dance II – Performance (1.5 hours) (age+)

Student Registration Form (2016-2017)

Name of Student		First Name:	Chinese Name:	Language	<input type="checkbox"/> English
		Last Name:			<input type="checkbox"/> Mandarin
Age				Gender	<input type="checkbox"/> Male
<i>(only if student is under 18)</i>					<input type="checkbox"/> Female
Parent/Guardian <i>(only if student is under 18)</i>	Father	(First Name)	(Last Name)		
	Mother	(First Name)	(Last Name)		
	Guardian (if applicable)	(First Name)	(Last Name)		
Address		Apt./Street:			
		Postal Code:			
Telephone & Email		Home: (613)-		Cell: (613)-	
		Email:			
Emergency Contact		Name:			
		Phone:			
Medical Conditions of Student: (If any)					
Agreements		1) I hereby apply to be admitted to the Volunteer Martial Arts Club (aka Daido Academy), and I agree to pay the membership or tuition fee. My failure to complete the course, or to continue in that course, does not relieve me of my obligation to pay that tuition fee. The tuition fee is not refundable or transferable. 2) I understand that there are no classes on statutory holidays and some cancellation dates (refer to schedule). 3) I agree to observe the rules & regulations of the Club, and agree that my failure to observe said rules will result in my expulsion. Furthermore, I acknowledge that any fees paid to the Club up to the time of such expulsion are not refundable. 4) I recognize the inherent risk of injury or disability in the activities and understand that each participant must assume the risk of injury that could result from any of the activities. I release the City of Ottawa; Walter Baker Sports Centre; Volunteer Martial Arts Club; Daido Academy and its principals, employees, volunteers, instructors, of and from any claims for loss or injury sustained in the course of any program of the Club however the cause. 5) I understand that I am responsible for damage and vandalism caused by me or my child. 6) I agree to pick up my child (only if student is under 18) promptly after end of each class. I understand that I am responsible for additional charge of rent and babysitting fees if any. 7) I grant to the Volunteer Martial Arts Club and Daido Academy the right to use, reproduce, assign and distribute photographs, films, videotapes and sound recordings of the participant, for use in materials they may create.			
Signature of Applicant : <i>(if student is <u>over</u> 18 years old)</i>				Date:	
Signature of Parent or Guardian: <i>(if student is <u>under</u> 18 years old)</i>				Date:	

Please write all cheques payable to: Volunteer Martial Arts Club