



## ENROLMENT FORM

STUDENT DETAILS	
NAME:	MALE/FEMALE:
DATE OF BIRTH:	GRADE (Belt)
EMAIL:	CELL #:
SCHOOL ATTENDING:	DOJO:
MEDICAL CONDITIONS WE SHOULD BE AWARE OF THAT WILL AFFECT TRAINING:	
MEDICATION WE SHOULD BE AWARE OF THAT WILL AFFECT TRAINING:	
OLD/CURRENT INJURIES WE SHOULD BE AWARE OF THAT WILL AFFECT TRAINING:	

PARENT/S or GUARDIAN DETAILS	
MOTHER'S NAME:	FATHER'S NAME:
MOTHER'S CELL#:	FATHER'S CELL#:
MOTHER'S EMAIL:	FATHER'S EMAIL:
ADRESS WHERE STUDENT RESIDES:	

I hereby apply for myself / above mentioned child (hereinafter referred to as "**The Student**" for the enrolment as a Junior / Senior Member of KANO INSTITUTE OF JUDO (hereinafter referred to as "**The Institute**") which membership shall commence on \_\_\_\_\_ and shall be subject to the terms and conditions set out below.

### TERMS AND CONDITIONS UPON WHICH APPLICATION FOR MEMBERSHIP ARE ACCEPTED

- 1) I undertake to pay **The Institute** the enrolment fee of R250 and the monthly fees in advance on the 1st of every month (including December). Fee structure is available on [www.kanojudo.co.za](http://www.kanojudo.co.za)
- 2) I understand that membership of **The Institute** entitles me to the use of the Institute's facilities and to a course of instruction in Judo subject to such terms and relating to the said course of instruction as may be imposed upon me by **The Institute's** Instructor/s
- 3) I hereby warrant that I, **The Student** am in sound health and physically capable of undertaking the course of instruction in **Judo**. Any **student** who has had a serious illness or condition, or is on medication must provide a medical clearance certificate from his/her Doctor
- 4) It is hereby specifically agreed upon and recorded that no claim of any nature which may arise from, or in any way be connected with this membership of **The Institute** shall be claimed/lodged against **the Institute** or it's Instructors.
- 5) I realise that **student's** failure to make use of **the Institute's** facilities or to assume a course of instruction after signing the enrolment form, shall in no way release me from my liability for payment.
- 6) **The Institute** will be closed during all school and Public Holidays, unless otherwise informed by way of e-mail or Whatsapp
- 7) I agree that this agreement constitutes the sole agreement between myself and **The Institute** and there are no other terms and conditions applicable to this membership, other than those contained herein.
- 8) My membership of **The Institute** shall continue for a period of ONE TERM. Should further membership not be desired, ONE MONTH'S NOTICE IN WRITING must be given to **The Institute**, otherwise a CANCELLATION FEE EQUIVALENT TO ONE MONTH'S FEES will be charged to your account. Notice must be sent to KANO INSTITUTE OF JUDO c/o oscar@kanojudo.co.za and accounts@kanojudo.co.za VERBAL NOTICE WILL NOT BE ACCEPTED FROM EITHER THE JUDOKA, OR THE PARENT

I hereby accept and acknowledge that I have read and fully understand all the terms and conditions of membership as set out above.

.....  
SIGNATURE  
(PARENT/ADULT JUDOKA)

.....  
RECOMMENDED BY

.....  
DATE

.....  
ACCEPTED BY (NAME OF INSTRUCTOR)