



Shindokan School of Martial Arts

120 Main Road, Sea Point, Cape Town

Chief Instructor: **Max Grunau**

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APPLICATION FOR ENROLMENT

Full Name (incl. Title):	
Identity/Passport No.:	Date of Birth:
Residential Address:	
Postal Address (if different):	
Home Telephone No.:	
Work Telephone No.:	
Cell/Mobile No.:	
Fax No.:	
Email Address:	
Alternate Contact Name (in case of emergency):	
Alternate Contact Tel/Cell No.:	
Medical Aid Name:	
Medical Aid No.:	
Doctor Name:	
Doctor Tel/Cell No.:	
Current Illnesses and/or Allergies including any Medical History we should know about:	

I, the undersigned, hereby apply to enroll as a member of the Shindokan School of Martial Arts on a (choose):

Type	Rate	Initial
Monthly Basis	R per month	
6 Month Contract (full payment in advance) By choosing this option I understand that the full amount is payable in advance whether I train or not.	R per month	
Pay as you go	R per session	

I declare that I am able to undertake the prescribed exercises for my training and that I will notify my instructor should I be unable to partake in the training program or specific exercises.

I acknowledge that no claim shall be made arising from any injury that I sustain as a result of training received or as a result of any accident during the exercises or demonstrations wherein I participate.

Both Parties hereby indemnify each other and all their agents and representatives against any claim for loss or damage, consequential or otherwise, of whatever nature, for any act or omission which may occur during the fulfilment by each Party of their obligations under this agreement.

I further agree that my failure to attend training at any time does not release me from my liability for payment of the fees according to the selected option above and that termination of my membership shall be subject to one month's written notice by me. Accordingly, I understand that should necessary notice for permanent absence not be handed to the Chief Instructor, the agreed fees will still be charged and I will be liable for them. In the event of any default on payment, I agree to pay interest on the outstanding balance at 18.5% per annum from due date until date of payment thereof and in the event of the Shindokan School having to instruct attorneys to recover such monies, I then agree to pay all attorneys fees based on the attorneys and own client scale.

Monthly fees are payable in advance. Any increase in fees shall be subject to three (3) months notice.

DATED at CAPE TOWN on this _____ day of _____ 20_____

SIGNED:

PRINT NAME: