

Chito-Ryu Karate Kennebecasis Valley Karate Club 2018-2019 Fee Structure

The KV Karate Club has two terms per year. Classes are held three nights a week.

Potential new members are encouraged to come and give it a try with no obligation for the first two weeks. Pay if you stay after that.

Days & Locations:

L'École des Pionniers Monday nights.

Quispamsis Elementary School Tuesday & Thursday nights

Class times may change. It is important to provide us with contact information (phone/email) so that we may contact you if there is a modification to the normal schedule. Updates to the schedule will also be posted on our website: www.NBChitoRyu.com/KVKarate.html

Term 1 Week of September 10th, 2018 at both schools. Ends January 31st, 2019.

Christmas Break December 13th to January 7th, 2019.

Term 2 Week of February 4th, 2019 at both schools. Ends June 6th, 2019.

March Break March 4th to 8th (no classes)

Class Times:

6:30 to 7:30 Beginners & Basic karate (6 and up including adults)

7:30 to 9:00 Advanced Karate and Competition Training (ages 12 and up)

CLUB FEES

Beginners (i.e.White Belts):	\$200 per term
Club Membership (Children 6-11):	\$200 per term
Club Membership (12 and up):	\$250 per term
Max. Family Fee:	\$675 per term

Discounts

Parent Discount for first year (with child):	1/2 price
3 rd family member:	\$50 discount per term
4 th family member:	\$75 discount per term
5 th family member:	\$100 discount per term

Payment Options

We offer PayPal if paying for the full term.

All payments will be due on or before start of each term.

Quarterly payments can be made by cheque:

Term #1: 1st cheque due Sept.10 (or upon joining) with second cheque post-dated for Oct. 30 Term #2: 1st cheque for Jan. 31 (or upon joining) and second cheque for March 30.

Payment Terms:

No refunds will be given from within a term. However, post-dated cheques for the second term may be refunded while still in the first term.

Late term registrants may only be required to pay for half of the term (1 quarterly payment). A minimum of 1 quarterly payment will be required for all new registrants.

All quarterly payments must be issued upon the start of the term.

Please Note

All children under the age of 12 must have a parent or guardians remain at the school at all times.

GRADINGS

The grading fee for colored belts (kyu belts) is \$30. This fee must be paid before the grading occurs.

Contact Information

For further information about the fee structure and/or Registration, please contact:

Neil Pond at 847-1242 Mike Quinn at 849-9529 Brent Donovan at 653-7878

Or visit our website at

www.nbchitoryu.com/KVKarate.html





Kennebecasis Valley Karate Club

Registration Form

Please Note: All children under the age of 12 must have a parent or guardian present in the gym at all times. If you are not taking part in the class, you still must remain in the gym while your child trains.

Name: (Parent or Guar	rdian)							
Address:							_	
City:	Postal Code:							
Home Phone:			E Mail:					
Karateka Name	Relation	iship	Sex (M/F)		Date M/YYY)	Kyu Level (Belt Color)	Amount	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
	Parer		unt, First \right{S} nd Person			\$ \$		
			d Person		· /	\$ \$		
			0101011	21500011	` '	\$		
possible complications health/medical concern	nstructors of the club from all manner arising from Karate, we would apprais on this sheet or attach a more com	eciate th	e complet	ion of th	ne question			
Description	or NO to each question. Plea	ase giv		-		answers.		
	or NO to each question. Plea	ase giv		for al		answers.		
1. Diabetes	-	ase give	e details Select	for al	l "YES"	answers.		
2. Nervous or Menta	-	ase give	e details Select Yes	for al	l "YES"	answers.		
 Nervous or Menta Any disorders of r 	l condition nuscles, joints or bones	ase give	e details Select Yes Yes	s for al	l "YES"	answers.		
 Nervous or Menta Any disorders of r Epilepsy, dizzines 	l condition nuscles, joints or bones s, fainting, severe headaches		e details Select Yes Yes Yes	s for al	l "YES"	answers.		
 Nervous or Menta Any disorders of n Epilepsy, dizzines Heart problems, as the lungs 	l condition nuscles, joints or bones	F F	e details Select Yes Yes Yes Yes Yes Yes	s for al I No No No No No No	l "YES"	answers.		
 Nervous or Menta Any disorders of r Epilepsy, dizzines Heart problems, as the lungs Allergies 	l condition nuscles, joints or bones s, fainting, severe headaches sthma, emphysema or any disorder o	f r	e details Select Yes Yes Yes Yes Yes	s for al I No No No No No No	l "YES"	answers.		
 Nervous or Menta Any disorders of r Epilepsy, dizzines Heart problems, as the lungs Allergies 	l condition nuscles, joints or bones s, fainting, severe headaches	f r	e details Select Yes Yes Yes Yes Yes Yes Yes	s for al I No No No No No No	l "YES"	answers.		
 Nervous or Menta Any disorders of r Epilepsy, dizzines Heart problems, as the lungs Allergies Do you wear a Me The answers by me are	l condition nuscles, joints or bones s, fainting, severe headaches sthma, emphysema or any disorder o	f Con Condemn	e details Select Yes Yes Yes Yes Yes Yes Yes Yes Yes Here Yes	S for al I No No No No No No No No ennebeca	l "YES" Details asis Valley		nd its instructors and	
 Nervous or Menta Any disorders of r Epilepsy, dizzines Heart problems, as the lungs Allergies Do you wear a Me The answers by me are members of and from a 	I condition nuscles, joints or bones s, fainting, severe headaches sthma, emphysema or any disorder or dic Alert bracelet and for what reaso complete and true, I hereby agree to	f Con Condemn	e details Select Yes Yes Yes Yes Yes Yes Yes Yes Yes Here Yes	S for al I No No No No No No No No ennebeca	l "YES" Details asis Valley		nd its instructors and	
 Nervous or Menta Any disorders of r Epilepsy, dizzines Heart problems, as the lungs Allergies Do you wear a Me The answers by me are	I condition nuscles, joints or bones s, fainting, severe headaches sthma, emphysema or any disorder or dic Alert bracelet and for what reaso complete and true, I hereby agree to all manner of claims made by or on b	f Con Co indemn	Yes	No	l "YES" Details asis Valley	Karate Club a	nd its instructors and	
 Nervous or Menta Any disorders of r Epilepsy, dizzines Heart problems, as the lungs Allergies Do you wear a Me The answers by me are members of and from a 	I condition nuscles, joints or bones s, fainting, severe headaches sthma, emphysema or any disorder or dic Alert bracelet and for what reaso complete and true, I hereby agree to all manner of claims made by or on b	f Con Co indemn	Yes	S for al I No No No No No No No No ant named	Details asis Valley dabove.	Karate Club a	nd its instructors and	

AMOUNT PAID: \$

Participant's Indemnity and Release

The undersigned acknowledges and agrees that:

- ➤ Karate can be physically and mentally challenging,
- ➤ Karate is practiced without protective clothing and equipment,
- > I am participating voluntarily in karate activities, events, & training, thereby exposing myself to risks and hazards,
- > I agree to accept these risks and hazards and be responsible for any injury, damage or other loss which I might receive,
- There are physical risks and hazards inherent in karate including, but not limited to, injuries resulting from ongoing physical contact with the instructor and other students, striking objects with parts of the body; tumbling, falling, or being thrown to the floor; strenuous cardiovascular workouts; exerting and stretching various muscle groups; executing self-defense escapes & techniques; and additional risks associated with travel to & from competitive events and associated with non-competitive events which are an integral part of karate activities,
- Injuries sustained in karate can be severe.

Name:

Name:

In consideration of acceptance of my membershi (KVKC), New Brunswick Chito-Ryu Association Brunswick (KNB) and National Karate Associat carried on by any of these organizations,	(NBCRA), Canadian Chito-Ryu Kara	ate-do Association (CCRA), &/or l	Karate New
I, agree CCRA, KNB, & NKA, and any of these organized servants and representatives from and against all damage to my person or property (or to the person with my membership in and/or participation in arranged, sponsored or held by any or all of the contributed to or occasioned by the negligence representatives. It is understood and agreed that executors and assigns.	cations' member clubs, organizers, respectations, actions, costs, expenses and denor property of my child or ward) how classes, competitions, tournaments, denote above named organizations and note of the said organizations or any	pective directors, agents, officials, emands with respect to injuries, de visoever caused, arising out of or in emonstrations, or any other activity of them, their agents, officials, s	instructors, eath, loss or connection ties hosted, have been servants, or
In witness whereof I have hereunder set my hand a	and seal this day of	, 20	
Signature (parent/guardian in the case of a minor)	Witness		
EMERGENCY CONTACT INFORMAT	ION		
Name:	Phone:		

Phone:

Phone: