



**TAI - SHIN DO
KARATE ACADEMY
APPLICATION FORM**



Tel: 0822 535 924 (021) 556 1785 wk (021) 55 44 88 3 hm (021) 556 1786 fax

I, _____ (First name, Surname) hereby
make an application for enrolment as a student of **Tai - Shin Do Karate Academy**

TERMS AND CONDITIONS

Annual application Fee:

The annual applicatoin / membership fee is _____(adjusted to C.P.I) and shall be paid before this application may be accepted.This fee shall be paid annually to renew membership.

Tuition Fees:

The full yearly fee shall be paid in advance , according to one of the methods below:(mark box where applicable)

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | R | per month or (by the 7th of every month. 12 payments in a full year*) |
| <input type="checkbox"/> | R | per academic term or (by the 1st week of every term, 4 payments in a full year) |
| <input type="checkbox"/> | R | per year (by the first week of tuition 1 payment per year) |

***These fees shall be paid regardless of absences due to holidays and such events. Fees are due as long as Membership continious regardless whether student attends all classes or not.**

I accept that all fees are subject to change , understanding issues such as rising costs and inflation.

The act of signing this acceptance form at the foot hereof by the Kancho or his authorized representative shall constitute acceptance of this application and I dispense with express or formal communication to me of acceptance in any other form.

It is further noted that once this agreement has been accepted it constitutes an agreement between the two parties and **one months written notice to be given to cancel . Monthly fees will be levied until such notice has been received.**

I agree to treat all lessons as confidential and I will not ,under any circumstances divulge the knowledge gained from tuition received,nor will I maliciously and willfully use my knowledge to do unlawful injury to another, but shall abide by the rules of **Tai Shin Do Academy** as laid down and conduct myself honorably at all times.

I agree that in the event of my breach of any of the above terms,I may be suspended or expelled from classes and I will forfeit any fees paid by me.

I voluntarily accept the risk of suffering injury in the course of my tuition, whether on or off **Tai Shin Do Academy** premises, and I agree that neither the principals nor the instructors , or anyone involved in an accident may be held responsible for any injury whatsoever.

STUDENTS PERSONAL DETAILS:	DOJO :
Students Name: _____	Birth Date: _____
Occupation/Tertiary Year / School Grade _____	
Name of Employer /Tertiary Inst / School _____	
Cell: _____	Home Tel: _____ Work No: _____
E-mail : _____	Fax No: _____
Postal Address: _____	
Physical Address: _____	
Name of Guardian / Parent : (if applicant is under 21 years of age) _____	
Date: _____	Signature: _____

DIRECT DEPOSITS - INTERNET PAYMENTS

Web Site : www.taishindo.co.za

Acc Name : Karate Academy
Bank: First National Bank Table View
Branch Code : 203 809
Acc No : 6203 226 5507
Reference: Surname / School Attending

info@taishindo.co.za
[email: jds@taishindo.co.za](mailto:jds@taishindo.co.za)

For office use only: KD Application Form New2

I _____ (Name of Dojo Head) hereby accept the above application.
 Application Fee paid in: R _____ Signature: _____ Date: _____