



# TAI SHIN DO KARATE ACADEMY APPLICATION FORM



I, \_\_\_\_\_ ( First Name, Surname ), Hereby  
make application for enrolment as a student of **Tai Shin Do Karate Academy**

## TERMS AND CONDITIONS

### Annual Application Fee:

The annual application /membership fee is R400.00 (adjusted to CPI 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 thr 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, one payment per year.                  |

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

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

The act of signing this acceptance form at the foot hereof by the Kancho or his authorised 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 futher noted, that once this agreement has been accepted, it constitutes an agreement between the two parties and one month's 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 wilfully use my knowledge to do unlawful injury to another but shall abide by the rules of **Tai Shin Do Karate Academy** as laid down, and conduct myself honourably 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 Karate Academy premises, and I agree that neither the principals nor the Instructors, or anyone involved in am accident may be held responsible for any injury whatsoever.**

### STUDENTS PERSONAL DETAILS:

DOJO: \_\_\_\_\_

Students Name: \_\_\_\_\_ DOB \_\_\_\_\_

Occupation/ Tertiary Year/ School Grade \_\_\_\_\_

Name of Employer / Tertiary Inst / School \_\_\_\_\_

Cell: \_\_\_\_\_ Home Tel: \_\_\_\_\_ Work No: \_\_\_\_\_

E- Mail: \_\_\_\_\_ Parent E-mail (if applicant under 18): \_\_\_\_\_

Postal Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Name of Guardian / Parent: ( If applicant is under 18 years of age ) \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

For Office use only: KD Application Form Double

I \_\_\_\_\_ Name of Dojo Head, hereby accept the above application

Application Fee Paid: R \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Direct Deposits - Internet Payments

Web Site: [www.taishindo.co.za](http://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**

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