

- Alpha       Tully's  
 Lafayette     Reeves

Class # or #s

# UPKUDO KARATE

## STUDENT INFORMATION

**(Person who writing checks must put drivers license # and their birthdate and social security number-otherwise pay cash)**

Name \_\_\_\_\_ Date \_\_\_\_\_

Social Security # \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Male\_\_ Female\_\_ Student Birthdate \_\_\_\_\_ **DL#** \_\_\_\_\_

**Person writing checks Birthdate** \_\_\_\_\_ **SS#** \_\_\_\_\_

**What is your goal for taking this class** \_\_\_\_\_

**GENERIC FITNESS CENTER  
 MEDICAL HISTORY QUESTIONNAIRE**

MEMBER'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Please indicate in the space provided if you have a history of the following:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Heart attack                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Bypass or cardiac surgery                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Chest discomfort with exertion             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. High blood pressure                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Rapid or run-away heartbeat                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Skipped heartbeat                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Rheumatic fever                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Phlebitis or embolism                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Shortness of breath w / or wo / exercise   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Fainting or light-headedness              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Pulmonary disease or disorder             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. High blood fat (lipid) level              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 13. Stroke                                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 14. Recent hospitalization for any cause      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| List specifics: _____                         |                              |                             |
| 15. Orthopedic problems (including arthritis) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| List specifics: _____                         |                              |                             |

For any of the conditions checked above, please list the diagnosis and examining physician.

*Any important information your instructor needs to know such as physical problems, etc.*

**A YEARLY \$75 FEE MUST BE PAID AT THE TIME OF REGISTRATION AND THE REVERSE SIDE SIGNED. Return Check Fee is \$35 plus amount of check. We do not have contracts. So payments must be made on or before the 1st. After the 5th of the month- \$10 late fee**

*All students in karate must purchase at least a **black** lightweight uniform at time of signing up, pay \$75 registration fee and 1st month dues. Each student is required to purchase our approved **black** basic safety gear which are the **DOUBLE** mouthguard, head ,hand, shin-instep pads and feet gear. Male students 7 and over **MUST** have groin cup and supporter. You may use MasterCard or Visa, check or cash to pay. If you make payments on MC/VISA, 2 weeks notice is required to stop payments.*

**Phone 514-4334 FAX 514-4335 email:masteranne@upkudo.com  
 WAIVER MUST BE SIGNED ON REVERSE SIDE BEFORE PARTICIPATING!**

**Hold Harmless Agreement/Liability Waiver**  
**Must be signed prior to participating**

I, \_\_\_\_\_ (printed name), do hereby voluntarily participate and attend in the Martial Arts and/or Kickboxing class and/or self defense classes and/or private martial arts lessons for myself or my child \_\_\_\_\_ held by **UPKUDO, Alpha UPKUDO, any Leon County School, Alpha Advertising, Printing and Displays, Inc., Anne Radke, Lafayette Community Center, Fringe Benefits or any** (UPKUDO INTERNATIONAL KARATE FEDERATION CERTIFIED MARTIAL ARTS ACADEMIES).

I do hereby assume full responsibility for any and all damages, injuries or losses that I may sustain and incur, if any, while attending or participating. The undersigned agrees to save Harmless **The UPKUDO International Karate Federation, UPKUDO, Alpha UPKUDO any Leon County School, Alpha Advertising, Printing and Displays, Inc., Lafayette Community Center, Reeves UPKUDO and/or Anne Radke Private Trainer** (UPKUDO INTERNATIONAL KARATE FEDERATION CERTIFIED MARTIAL ARTS ACADEMIES and UPKUDO INTERNATIONAL KARATE FEDERATION CERTIFIED BLACK BELT or KELEGION KAIS) and his/her promoters, sponsors, instructors, assistants, assistant instructors, trainee instructors, or anyone connected with the aforementioned CERTIFIED UPKUDO INTERNATIONAL KARATE FEDERATION MARTIAL ARTS ACADEMIES, from any claim, action, liability, loss, damage or suit arising from the following:

- Martial Arts classes
- Kickboxing/Fitness/Weight Training class
- Self Defense classes
- Private Martial Arts/Self Defense Lessons
- Private Fitness classes
- Fitness/Martial Arts camps

Furthermore, I acknowledge the training is in no way indicative to solve all personal protection problems or an absolute solution to defend attacks made on me or my loved ones. The effectiveness of the techniques I am shown or are shown are based on my personal actions and I hold no liability to anyone who has taught me.

**PHOTOS/VIDEOS**

In the event that a photo/video is used of me or my child, I give permission for the photo to be used to help promote the school in print, banners, signs, website and any promotion. This agreement shall be binding upon and insure to the benefit of the parties, their successors, assigns and personal representatives.

**PAYMENTS/COLLECTION FEE**

Alpha UPKUDO does not have monthly withdrawals from your account unless otherwise requested. I understand that the fees I am invoiced for are due on the 1st of the month prior to taking classes or at time of registration. A registration fee yearly is required of \$75 and good for one year from date of signing up. No refunds are issued for missed classes, sick days, holidays, or problems coming to class. Any special pricing or discounts given only apply to the period in which they are issued as stated on the invoice. A \$10 late fee will be added to any payments not received at Alpha UPKUDO by the 5th of the month. Payments not made in 30 days will have a finance charge of 1 ½ % interest for every month not paid. All class privileges are suspended after 30 days, however, any late fees, collection fees and interest are still due. Any bad checks will be charged at \$35 return check fee or bad debit fee. I have read and understood all the conditions of this written agreement.

Signed this \_\_\_\_\_ day or \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_(Print)  
\_\_\_\_\_(signature)  
(Student/Participant - First Party)

WitnessedBy:  
\_\_\_\_\_

\_\_\_\_\_(print)

\_\_\_\_\_  
(Signature of Alpha UPKUDO Representative  
Second Party)