



North Star Tang Soo Do Academy, Inc. d/b/a

North Star Martial Arts Ministries

ASF Card # _____	<input type="checkbox"/> DEBIT PLAN
Class: _____ Loc: _____	<input type="checkbox"/> STATEMENTS
Date Entered: _____	Initials: _____

Today's Date

Athlete Registration & Agreement

ATHLETE: ATHLETE'S NAME		Athlete's Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Athlete's Address			
City		State	Zip Code
Home Phone Number ()	Cell Phone Number ()	Athlete's Email Address	

RESPONSIBLE PARTY: If athlete is a minor, or if someone else is responsible for payment...

PARENT: PARENT, GUARDIAN, or RESPONSIBLE PARTY		Parent /Guardian Email Address
Address: (if different from above)		
Home Phone Number ()	Work Phone Number ()	Cell Phone Number ()

ADVISORY OF RIGHTS AND RESPONSIBILITIES - INJURY LIABILITY WAIVER

North Star Martial Arts Ministries is committed to striving for a safe and injury free training environment. The instructors, directors, and staff will do their best to maintain a safe and accident free environment for both athletes and instructors. It is imperative that all athletes obey the safety rules and regulations of the classroom, and carefully follow the instructor's directions. However, as with any physical sporting activity, martial arts is a potentially dangerous activity. Bumps, bruises, scrapes, and muscle soreness are common and most athletes will encounter this sort of minor injury periodically during their training. More serious injuries are possible and should be expected at some time during an athlete's training, including sprains, strains, twists, cramps, and other injuries of similar magnitude. The possibility of more serious injuries also exists, including fractured bones, broken and torn ligaments, and dislocated joints, though these are more uncommon. Despite all safety precautions, there still remains the possibility of extremely serious injury, such as a crippling accident, and even death, although this is certainly not expected to ever occur in this martial arts program. Safety is not the sole responsibility of instructors and staff. All participants, including parents and observers, are responsible for their own safety and the safety of those around them. Athletes who violate the safety rules and regulations WILL be disciplined appropriately, up to and including dismissal from training. I have read and understand the above statement of risk and the rights and responsibilities of participants. I assume responsibility for my own safety (or the safety of my child). I understand and accept the physical risks of martial arts training. I understand that even if the instructor has informed me that no serious injury has ever happened in this organization, or with any of the instructors, that this does not mean that there is no possibility of harm to me (or my child). By assuming this risk, I completely absolve all instructors, staff, guests, athletes, landlords, management companies and any and all other related parties, of liability for my (or my child's) harm, unless intentionally caused in criminal conduct.

_____ **← INITIAL HERE** In a medical emergency, I hereby authorize North Star Martial Arts to administer basic first aid care.

_____ **← INITIAL HERE** Permission to Photograph or videotape: I hereby authorize North Star Martial Arts to take incidental photographs or video tape of classroom activities and events. Some photographs may be posted on the school website.

SIGNATURE: _____ **← SIGN HERE** Date: _____



North Star Martial Arts Ministries

Athlete Payment Agreement

I elect to pay my monthly training fees via:

- EFT Electronic Funds Transfer from my Bank Account.
(Please attach a voided check.)
- STATEMENT Please send me a Monthly Statement.
(Higher rate applies.)

Monthly Payment Amount: \$ _____

TO BE FILLED OUT BY NORTH STAR EMPLOYEE

1. Today's date is: ____/____/____
2. Agreement Start Date: ____/____/____
3. Payment Start Date: ____/____/____
4. Amount of Monthly Payment: \$ _____
5. Special Instructions: _____

YOU, THE BUYER, ARE ENTITLED TO A COPY OF THIS CONTRACT AT THE TIME YOU SIGN IT.

Participant / Athlete Agreement: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants with respect to any aspect of a credit transaction on the basis of race, color, religion, national origin, sex or marital status, or age (provided the applicant has the capacity to contract). The agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

Initial: _____ **← INITIAL HERE** **CONTINUOUS MONTHLY PAYMENT PLAN**

CANCELLATION POLICY: This agreement is a continuous payment plan, and will continue until buyer terminates agreement. You the buyer, may cancel this agreement for any reason by sending a written cancellation notice to North Star Martial Arts Ministries, fifteen (15) days prior to the next scheduled payment due date on the agreement. All membership dues payments must be brought current and all items (property of the school) must be returned at the time of cancellation. North Star is not obligated to refund buyers payments for buyer's failure to notify North Star of cancellation.

ASF International - Electronic Funds Transfer Authorization

I, _____, authorize my bank to make my payment by the method indicated below and post it to my account.

Checking (*You MUST attach voided check.*)

Bank Name _____ Phone () _____

Bank Account #: _____ Bank Routing # _____

You payment will be made **MONTHLY**, in the payment amount of \$ _____, on the 1st day of each calendar month, beginning on the following date: _____.

ASF International is a third party vendor and charges fees for insufficient funds, and/or late payments.

This form of payment, if discontinued, does not release you from your payment obligation or requirements of membership in North Star Martial Arts Ministries.

Signature _____ **← SIGN HERE** Date _____



Athlete Health Information

YES NO Athlete has been checked within the current calendar year by a physician and has been given approval for unrestricted participation in martial arts.

If "NO": I acknowledge that the Athlete is able to participate in martial arts, without unreasonable risk of personal injury from health related conditions: _____ INITIAL HERE

Athlete's physician has recommended the following restrictions:

Athlete has the following medical or health conditions: _____

Athlete takes the following medications: _____

Athlete has the following allergies: _____

HEALTH INSURANCE INFORMATION

Athlete's Health Insurance Company: _____

Policy Number: _____

Name of Policyholder (*self or parent*): _____

EMERGENCY CONTACT: ALTERNATE EMERGENCY CONTACT		Relationship to Athlete
Home Phone Number ()	Work Phone Number ()	Cell Phone Number ()



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SAFETY FIRST!

RULES OF THE DOJANG (DESIGNATED TRAINING AREA)

- Safety is the **FIRST** priority for everyone in the designated Training Area. Everyone is expected to do their best to ensure a safe and enjoyable Dojang.
- Students and/or their parents, **MUST** tell the Instructor when they are ill, if they are injured, or if there is any reason that they should not participate in any particular aspect of training.
- There shall be **NO** Eating, Drinking, or Gum Chewing in the Designated Training Area.
- No Running in the Designated Training Area (unless otherwise instructed) is permitted.
- No loose jewelry is permitted. Earrings are discouraged and worn at athletes own risk.
- No pushing, chasing, wrestling, throwing objects, or other unsupervised play at any time.
- Absolutely **NO SPARRING** is permitted without proper protective equipment.
- Weapons may **ONLY** be used with the supervision of an Instructor.
- Students **MUST** follow the direction of Instructors at all times.
- Students **MUST** show proper respect for students of higher rank.
- Students should not talk, be disruptive, or interrupt class while an Instructor is teaching
- All students **MUST** respect all Training Equipment.
- All Students should help in cleaning the Dojang when class is finished.
- Only official training uniforms (do bahks) shall be worn during class. Any student out of uniform must obtain permission from the Instructor before participating in class.

DOJANG PROCEDURES

- Please arrive at least 15 minutes before class begins.
- All Students should salute the flags by bowing upon entering and/or leaving the Dojang (make a fist with the right hand; place fist in center of chest - fingers facing down; bow to flags).
- Remove shoes before entering the Training area (excluding the family waiting area).
- Students should stretch and warm up before class.
- After changing, please store all clothes and gear neatly in the designated area
- Students should notify the office when you are going to be late or absent from class.

DO BAHK (UNIFORM), GEAR, AND EQUIPMENT, WEAPONS

- Belts should only be worn in class.
- Treat all of the above with respect and should only be used for what it is intended for.
- Never forget any part of your Do Bahk (Belt, Pants, and Jacket).
- Only use your Do Bahk for training, **NOT** for playing, eating in, etc.
- Any Equipment that belongs to the Dojang should only be used for training and you must ask permission to use it outside of class time.
- Sparring Gear that belongs to you or the Dojang should be used properly.

I have read and understand the safety rules of North Star Martial Arts, and agree to support and promote a safe environment for all students, instructors, family members, and visitors.

SIGNATURE: _____ **← SIGN HERE** Date: _____