



Cliste Solutions, LLC

dba "The Traveling Dojo"

<https://www.travelingdojomartialarts.com>

membership@travelingdojomartialarts.com

Membership Agreement

Participant Information

Complete one entire form per participant.

Membership Agreement #: TD- _____

| | | |
|-------------------|----------------------|------------|
| | | |
| First Name | Last Name | |
| | | |
| Address | | |
| | | |
| City | State | Zip |
| | | |
| Cell Phone | Home Phone | |
| | | |
| E-Mail | | |
| | | |
| Age | Date of Birth | |

Emergency Contact

Please provide an emergency contact for the participant.

| | |
|---|-------------------|
| | |
| First Name | Last Name |
| | |
| Cell Phone | Home Phone |
| | |
| E-Mail | |
| <input type="checkbox"/> Parent / Guardian <input type="checkbox"/> Sibling <input type="checkbox"/> Other (explain): | |
| Relationship to participant | |



Health & Prior Martial Arts Experience

Complete the following information as applicable for voluntary health information and prior martial arts experience.

| | |
|--|--------------|
| | |
| Explain health conditions we should be aware of, including medications, allergies, etc. | |
| | |
| List any injuries or physical limitations we should be aware of | |
| Style: | School Name: |
| Rank Achieved: | Instructor: |
| Years Trained: | |
| Prior martial arts experience (if any) | |

Goals & Expectations

Complete the following to tell us why you want to train with us.

| | |
|---|--|
| <input type="checkbox"/> To become fitter <input type="checkbox"/> To learn traditional martial arts <input type="checkbox"/> To learn self-defense <input type="checkbox"/> To learn discipline / focus <input type="checkbox"/> Interested in competing <input type="checkbox"/> For stress management <input type="checkbox"/> For weight management <input type="checkbox"/> To build confidence / self-esteem <input type="checkbox"/> To deal with bullies <input type="checkbox"/> Other (explain to the right) | <u>Explain Other Goals / Expectations</u> |
| What are your goals for training (check all that apply) | |



Curriculum / Format / Program Selection

Select one in each category.

| | | | | |
|------------------------------------|--------------------------|--|--------------------------|------------------------------------|
| Curriculum: (select one) | <input type="checkbox"/> | Martial Arts | <input type="checkbox"/> | Self-Defense |
| Format: (select one) | <input type="checkbox"/> | Private | <input type="checkbox"/> | Group |
| Program: (select one) | <input type="checkbox"/> | 2 days per week | <input type="checkbox"/> | 3 days per week |
| | <input type="checkbox"/> | School & Youth Center (1 day per week, 4 weeks) | <input type="checkbox"/> | Train At Work (2 days per week) |
| | <input type="checkbox"/> | Build Your Own Program (details in the space below): | | |
| Age Group: | <input type="checkbox"/> | 6 to 10 years (Ninjas) | <input type="checkbox"/> | 11 to 15 years (Warriors) |
| | <input type="checkbox"/> | 16 and older (Adults) | | |

Term Commitment & Tuition

Contract commitment and payments. All contracts are automatically renewed until cancelled.

| | | |
|---|---|--|
| Contract Term: | months <input type="checkbox"/> Pay as you go | |
| Contract Type: | <input type="checkbox"/> Standard | <input type="checkbox"/> Term Commitment (non-cancellable) <input type="checkbox"/> Paid in Full (non-cancellable) |
| Start Date: | / / | |
| End Date: (automatic renewal) | / / | |
| Registration Fee: (one-time) | | |
| Total Tuition: (total for term) | \$ | |
| Discount: | % | (\$) |
| Down Payment: (minimum: prorated first month) | \$ | |
| Balance Due: | \$ | |
| Monthly Installments: (begins 1 st of the month after signing) | \$ | for months |



Acknowledgment and Agreement to Pay. By signing below, I confirm and acknowledge that all information provided herein is accurate and provided voluntarily. I have read and understand the services being provided and the payment terms; and agree to pay monthly installments as described above, automatically renewing at the end of the stated term.

Parent/Guardian ("Buyer") Consent *(if participant is under 18)*. I, _____, as the parent/legal guardian of the above-named minor, consent to their participation in selected program(s) and agree to the terms of this agreement.

Participant (printed name): _____

Participant Signature: _____ Date: _____

Parent/Guardian (printed name): _____

Parent/Guardian Signature: _____ Date: _____