



Cliste Solutions, LLC
dba The Traveling Dojo

<https://www.travelingdojomartialarts.com>
membership@travelingdojomartialarts.com

Membership Agreement

Updated August 21, 2025

Participant Information

Complete one form per participant.

Membership Agreement #: **TD-**

<i>First Name</i>	<i>Last Name</i>	
<i>Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Cell Phone</i>	<i>Home Phone</i>	
<i>E-Mail</i>		
<i>Age</i>	<i>Date of Birth</i>	

Emergency Contact

Please provide an emergency contact for the participant.

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



Health & Prior Martial Arts Experience

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

Explain any conditions we should be aware of, including medications, allergies, learning disabilities, 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 more fit <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)	Explain Other Goals / Expectations
What are your goals for training (check all that apply)	



Curriculum / Format / Program Selection

Select curriculum, format and program.

Curriculum: <i>(select one)</i>	<input type="checkbox"/>	Martial Arts	<input type="checkbox"/>	Self-Defense	<input type="checkbox"/>	Kickboxing (private only)
Format: <i>(select one)</i>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Group		
Program: <i>(select one)</i>	<input type="checkbox"/>	1 day per week	<input type="checkbox"/>	2 days per week	<input type="checkbox"/>	3 days per week
	<input type="checkbox"/>	Other (# days per wk.):	<input type="checkbox"/>	30 min. classes	<input type="checkbox"/>	60 min. classes
	<input type="checkbox"/>	School & Youth Center <i>(1 day per week, 4 weeks)</i>	<input type="checkbox"/>	Train At Work <i>(2 days per week)</i>		
	<input type="checkbox"/>	Build Your Own Program (details in the space below):				
Age Group: <i>(select one)</i>	<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 Commitment:	months		<input type="checkbox"/> Pay as you go	
Start Date: <i>(day of first class)</i>	/	/	End Date: <i>(automatic renewal)</i>	/ /
Registration Fee: <i>(one-time)</i>	\$			
Location & Travel <i>(see travel policy)</i>	Location:		Travel: \$	
Total Tuition / Summary: <i>(total for term)</i>	\$			
Deal / Discount:	Deal:	Discount: %	Disc. Amount: (\$)	Total After Discount: \$
Down Payment: <i>(due on signing)</i>	\$			
Balance Due:	\$			
Monthly Installments: <i>(begins 30 days after start date)</i>	\$		for months	



Apparel Information

Size information for uniform top, pants, karate belt and tee shirt are collected for the purposes of ensuring a proper fit for participant. Fit will vary depending on clothing manufacturer.

T-Shirt Size	Dimensions for Karate Uniform & Belt
<input type="checkbox"/> Youth Small	Height: <i>(feet)</i> <i>(inches)</i>
<input type="checkbox"/> Youth Medium	Weight: <i>(pounds)</i>
<input type="checkbox"/> Youth Large	Waist: <i>(inches)</i>
<input type="checkbox"/> Youth XL	Shoulder: <i>(inches)</i> <i>(outside of right shoulder to outside of left shoulder)</i>
<input type="checkbox"/> Unisex Small	
<input type="checkbox"/> Unisex Medium	
<input type="checkbox"/> Unisex Large	
<input type="checkbox"/> Unisex XL	
<input type="checkbox"/> Unisex XXL	

If paying by credit card, tuition will be administered by The Traveling Dojo, and the term “The Traveling Dojo” will appear on your bank/credit card statement. Any account more than seven (7) days past due will be charged a \$15.00 late fee by The Traveling Dojo. Overdue payment and/or banking fees will be added to the Buyer’s balance and collected from them. Any credit cards that are declined, or returned bank drafts or returned checks will be assessed a \$15 fee. Credit card or debit card chargebacks will be assessed a \$15 fee. The Traveling Dojo is not responsible for any bank fees incurred by the Buyer.

If paying by Venmo, remit payment to **@TravelingDojo** in accordance with the terms of the above contract.

If paying via personal check, make check payable to **Cliste Solutions, LLC**

The Traveling Dojo has the right to modify any payment due date and resubmit returned/declined items without prior notice to the Buyer. **NOTICE TO BUYER: DO NOT SIGN THIS AGREEMENT UNTIL YOU HAVE READ IT IN ITS ENTIRETY. DO NOT SIGN THIS AGREEMENT IF IT CONTAINS BLANK SPACES.**



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 the downpayment and 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: _____