



Shindokan Budo-Long Island • 80B Broadway Greenlawn, NY 11740  
631-261-4229 • [shindokanbudo@gmail.com](mailto:shindokanbudo@gmail.com) • [shindokanbudo.com](http://shindokanbudo.com)

### Student Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: M / F DOB: \_\_\_\_\_

Address: \_\_\_\_\_ GI Size: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (required): \_\_\_\_\_

#### Minor Student Family Contact Information:

Parent/Legal Guardian #1 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent/Legal Guardian #2 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

#### Emergency Contact (All Students)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (cell): \_\_\_\_\_

#### Tuition Plans (Select all that apply): \*\* Sign up for 3 Months and Save 10% on Select Plans

##### One Student Jujutsu:

- \_\_\_\_\_ 1 Class per Week \$110/month\*\*  
\_\_\_\_\_ 2 Class per Week \$135/month\*\*  
\_\_\_\_\_ Unlimited Classes per Week \$165/month\*\*  
\_\_\_\_\_ Tai Chi add-on \$25/month  
\_\_\_\_\_ Iaido (Sword) add-on \$25/month

##### Family Jujutsu / Other Martial Arts:

- \_\_\_\_\_ Unlimited 2 family Members \$220/month  
\_\_\_\_\_ Unlimited 3 family Members \$275/month  
\_\_\_\_\_ Unlimited 4+ family members \$330/month  
\_\_\_\_\_ Tai Chi Only \$100/month\*\*  
\_\_\_\_\_ Iaido (Sword) Only \$100/month\*\*  
\_\_\_\_\_ Summer Camp \$300 1wk / \$525 2wks

#### RELEASE AND WAIVER OF LIABILITY

It is hereby Agreed by and between SHINDOKAN BUDO-LONG ISLAND (the "School") and the undersigned student and/or guardian thereof (the Student) as follows:

The School agrees to furnish to the Student martial arts instruction, and the use of its facilities designated for that purpose located at 80B Broadway, Greenlawn, NY, at reasonable times as shall from time to time be established by the School and upon the terms set forth in the Registration Form. In consideration of such instruction and the use of the School facilities, the Student agrees to abide by all the terms and conditions contained in the Registration Form, this Waiver, the student manual, and such additional rules as same may from time to time be established, amended or revised by the School.

The Student acknowledges that the School has fully informed the Student, and/or guardian if applicable, of the nature and risks involved in the martial arts and the related activities conducted and taught by the School. The Student represents and warrants that he/she is physically, medically and mentally fit and capable to participate in such activities and does so knowingly and voluntarily. The Student understands and acknowledges that strict observance of the rules and regulations relative to training, including the use of protective equipment, is required and that the use of the School facilities and the Student's presence at and participation in the activities conducted at the School are at the sole risk of the Student. It is understood and acknowledged by the Student that the practice of and training in the martial arts involves defensive and offensive skills training which include sudden and forceful physical movements, such as, kicks, punches, throws and other strikes and physical manipulation, and that in connection with such training and instruction, Students will be subjected to such physical contact by instructors and Students and between and among the Students themselves, and that such physical contact may result in personal injuries to the Student despite the use of due care and reasonable precautions.

Initial \_\_\_\_\_

The Student further agrees to and hereby does knowingly assumes the risk of any and all accidents, injuries, damages, losses, inconveniences, expenses, claims, or liabilities, including without limitation, loss of property and personal injury, of any kind (collectively "Injuries") that are caused or arise, either directly or indirectly, from or in connection with the Student's participation in martial arts classes and activities, as herein above described, including, inter alia, seminars conducted at or by Shindokan Budo-Long Island, or its affiliates, whether such injuries are sustained at the School or at any other location, and the Student agrees and hereby does forever release, discharge, absolve, indemnify and otherwise hold Shindokan Budo-Long Island, its directors, officers, agents, instructors, affiliates and employees (collectively, the 'School Agents') harmless from any and all liability or responsibility whatsoever for any Injuries, of any kind or nature whatsoever, whether the same are caused by or attributed to the negligence, or otherwise, of any one or all of the Schools Agents, students, guests or visitors.

The Student also agrees to knowingly assume the risk of any injuries of whatever kind of nature, sustained anywhere on the premises of Shindokan Budo-long island including, but not limited to, the exercise area, the weight room or anywhere in or on the premises of which the School is a part, or upon the entering or leaving the premises, and hereby forever releases, discharges, absolves, indemnifies and otherwise holds Shindokan Budo-Long Island and the School Agents harmless from any and all liability or responsibility for said injuries.

The undersigned acknowledges that he/she has read and understood the provisions of this Release and Waiver and the registration form and agrees to abide and be bound by them.

#### Photography and Video Release

I (the undersigned) hereby grant to Shindokan Budo-Long Island the right to photograph me and to record my voice, performances, poses, actions, plays and appearances, and use picture, photograph, silhouette and other reproductions of my physical likeness in connection with any promotional item (the "Video").

I hereby grant to Shindokan Budo-Long Island, their successors, assigns and licensees the perpetual right to use, as they may desire, all still and motion pictures and sound track recordings and records which you may make of me or of my voice, and the right to use my name and likeness in or in connection with the exhibition advertising, exploiting and/or publicizing of the video. I further grant the right to reproduce in any manner whatsoever any recordings including all instrumental, musical, or other sound effects produced by me, in connection with the production and/or postproduction of the video.

I agree that I will not assert or maintain against Shindokan Budo-Long Island, its successors, assigns and licensees, any claim, suit or demand of any kind or nature whatsoever, including but not limited to those grounded upon invasion of privacy, rights of publicity or any other civil rights, or for any reason whatsoever in connection with your authorized use of my physical likeness, voice and sound in the video as herein provided.

I hereby certify and represent that I am over 18 years of age and have read the foregoing and fully understand the meaning and effect thereof.

\_\_\_\_\_  
Student Signature (Students 18 and older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (Required for Students under 18)

\_\_\_\_\_  
Date

#### Credit Card Recurring Payment Authorization Form

I, \_\_\_\_\_, authorize Shindokan Budo-Long Island to charge the credit card indicated in this authorization form on the \_\_\_\_\_ day of (circle one) *EVERY (1) MONTH or EVERY THREE (3) MONTHS*, for the total amount due for goods and services for that period. This authorization applies to charges for myself and/or the following students:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Card (circle one): Visa/MC/Amex/Discover Account Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV \_\_\_\_\_

Billing Street Address (If different than above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (cell) \_\_\_\_\_ (home): \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates falls on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payment with my credit card company provided the transactions corresponding to the terms indicated in this authorization form.

Signature \_\_\_\_\_

Date \_\_\_\_\_