



## MAX Martial Arts Membership

**STUDENT INFORMATION:**

Name \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_ Age \_\_\_\_\_

Gender:  Female  Male    MCP #  On file \_\_\_\_\_ Registration Start Date (mm/dd/yyyy) \_\_\_\_\_

Adult students, please fill out the appropriate contact information section below.

Martial Arts experience/belt level \_\_\_\_\_

Does the student have any medical (including food and other allergies), physical, or behavioral concerns that our staff should know about? (CONFIDENTIAL)

\_\_\_\_\_

**PARENT/GUARDIAN/ADULT STUDENT INFORMATION (Existing MAX Clients):**

1. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Primary Contact # \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Primary Contact # \_\_\_\_\_ Email \_\_\_\_\_

**PARENT/GUARDIAN/ADULT STUDENT INFORMATION (New MAX Clients):**

1. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Email \_\_\_\_\_ Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Email \_\_\_\_\_ Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

**EMERGENCY CONTACT (Other than parents/guardians listed above. Please note that the emergency contact must be 18 years of age or older):**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Email completed form to [info@yourmax.ca](mailto:info@yourmax.ca) or deliver in person to any MAX location. For inquiries, email [info@yourmax.ca](mailto:info@yourmax.ca), call 733-7330 or visit [www.yourmax.ca](http://www.yourmax.ca).





## Terms & Conditions for Martial Arts (please read carefully)

1. A completed registration form must be submitted in person or by email to MAX Arts. Athletics. Wellness. (hereafter referred to as MAX). Because spaces are limited, submission of a registration form does not mean that a student will be granted a space in the requested program(s). Existing MAX customers and/or returning students may be given priority for registration, followed by a "first-come, first-served" policy for all other registrants.
2. **Membership Term:** This contract shall commence on the start date as specified on page 1 or page 2 and will be in effect for 12 months from that date. The contract will automatically renew on a bi-weekly basis after completion of the initial 12 month Term. After the initial Term, MAX will continue to charge the specified account, with monies collected considered as ongoing maintenance fees. Any hold periods within the first 12 month Term will lengthen the initial Term by the total length of the hold.
3. **Membership Holds:** \_\_\_\_\_ (customer initial) Summer holds are permitted between July 1 and August 31 only. Holds may only be requested through the submission of a Martial Arts Summer Hold Form; phone, fax, email, or verbal holds are not accepted. Pre-authorized payments will be suspended during the period of the hold and they will restart upon completion of the hold. A minimum of 14 days' notice prior to the requested hold start date is required. A hold does not constitute a discontinuation (the discontinuation policy is outlined in section 4).
4. **Discontinuation:** \_\_\_\_\_ (customer initial) Discontinuation Forms are available by request through the Martial Arts Lead. Verbal notification and/or non-attendance will NOT constitute discontinuation of a membership. During the initial 12 month Term: you may cancel the membership by completing and submitting a Discontinuation Form in person or by email to the Martial Arts Lead at least 14 days before the payer's next scheduled payment and paying a \$50+HST cancellation fee. Within the first 6 months of the initial 12 month Term: an additional Uniform Fee of \$35+HST will be paid in addition to the cancellation fee. After completion of the initial 12 month Term: you may cancel the membership by completing and submitting a Discontinuation Form in person or by email to the Martial Arts Lead at least 14 days before the payer's next scheduled payment. If a Discontinuation Form is not received by MAX at least 14 days before the payer's next scheduled payment, that payment will be processed. All recurring pre-authorized debit payments are non-refundable once processed. If a Discontinuation Form is submitted while the membership is on hold, any payments scheduled within 14 days of receipt of the Discontinuation Form will be processed.
5. If a payer's pre-authorized debit (PAD) payment fails, the payer will be in default. Default may result: 1) in the payer's account being sent for third party collections (any related fees will be billed to the payer); 2) in the cancellation of the student's enrollment; 3) in the payer forfeiting any previously paid fees.
6. A \$25.00+HST Declined Payment Fee will be charged for preauthorized bank withdrawals that are declined for any reason. Service fees will be added to the Pre-Authorized Debit (PAD) amount for the scheduled payment immediately following the date of the charge.
7. For students enrolled for 6 consecutive months or longer, t-shirts, uniforms, and belts are provided free of charge only once per student, no exceptions.
8. Monthly account statements and invoices are not provided. Payment receipts are available upon request.
9. MAX will not refund or make up any classes that are cancelled due to weather. Please check [www.yourmax.ca](http://www.yourmax.ca) or call 733 7330 to see if MAX facilities are closed due to weather.
10. If an instructor cannot be available for a class, a substitute instructor will complete the class or arrangements will be made for a make-up class on a future date.
11. MAX reserves the right to withdraw any program or level of instruction, to change an instructor of any program, or to close any MAX location at any time without notice or liability other than to refund fees received for classes cancelled due to such withdrawal or closing.
12. All of the student's relevant illnesses, medical conditions, disabilities, and/or behavioral concerns have been disclosed to MAX on the registration form.
13. Students will not be able to partake in programs if their MCP number is not on file. You hereby give MAX and its employees the authority to act on your behalf in case of any emergency. If, due to such circumstances as injury or sudden illness, medical treatment is necessary, you authorize MAX to take whatever emergency measures are deemed necessary by MAX for the protection of the student while in the care of MAX. You understand that this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting the student to a hospital, including the possible use of an ambulance. This could also include emergency transportation required as a result of fire or other environmental emergencies. You understand that this may be done prior to contacting you, and that any expense incurred for such treatment, including ambulance fees, is your responsibility.
14. MAX promotes an atmosphere of safety and mutual respect and will not tolerate inappropriate conduct or behavior. Violation of these principles may result in immediate termination of the student's enrollment.
15. In consideration of being allowed to participate in MAX activities and programs and to use MAX facilities, equipment and services, you hereby forever waive, release and discharge MAX and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to the student's person and/or property, including those caused by the negligent act or omission of any of sparing those mentioned or others acting on their behalf, arising out of or connected with the participation in any activities, programs or services of MAX or the use of any equipment at various sites, including home, provided by and/or recommended by a MAX representative.
16. MAX takes customer privacy seriously. We will not sell, distribute, barter or transfer any personally identifiable information obtained about our students to parties outside of MAX, without the authorized written consent of the student or the parent(s)/guardian(s) if the student is under the age of 18 (except where required by law such as in emergency situations or by legal order). In the normal course of business and for the purpose of advertising, MAX may photograph or video students as they partake in MAX activities. Such photographs or videos may be used by MAX for publicity purposes without the student's name attached unless the student or the parent(s)/guardian(s) if the student is under the age of 18 otherwise advises MAX in writing. No photography or video is permitted to be taken inside any MAX location without the express written consent of MAX.

**ACCEPTANCE:** *By signing below, I acknowledge and agree to the Terms and Conditions written above and I represent that the information given by me on the registration form is complete and accurate.*

Student Name _____ <div style="text-align: center;"><i>(please print)</i></div>	Student Signature _____ <div style="text-align: center;"><i>(if over the age of 18, please sign)</i></div>
Date _____	
Parent/Guardian Name _____ <div style="text-align: center;"><i>(please print)</i></div>	Parent/Guardian Signature _____ <div style="text-align: center;"><i>(if student is under the age of 18, please sign)</i></div>



## Preauthorized Debit (PAD) Agreement for Martial Arts

**STUDENT NAME:** \_\_\_\_\_

**PAYER NAME (If different from Student):** \_\_\_\_\_

**PAYER INFORMATION (If different from Parent/Guardian/Adult Student):**

Address \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**PRE-AUTHORIZED DEBIT (PAD) DETAILS:**

**Registration & Payment Start Date (mm/dd/yyyy)** \_\_\_\_\_

Check the membership that you are paying for:

Membership Type	Age	Biweekly Debit Amount				
<input type="radio"/> Mini Martial Arts	3 - 5	\$22.40				
<input type="radio"/> Youth Martial Arts	6 - 7	\$33.58				
<input type="radio"/> Low Belt (White-Orange)	8 - 15	\$38.67				
<input type="radio"/> High Belt (Purple-Black)	8 - 15	\$38.67				
<input type="radio"/> Adult	16+	\$38.67				
<input type="radio"/> Kickboxing	10+	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border-right: 1px solid black; padding-right: 5px;"><b>Non-Members</b></td> <td style="padding-left: 5px;">\$33.58</td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 5px;"><b>Members</b></td> <td style="padding-left: 5px;">\$7.33</td> </tr> </table>	<b>Non-Members</b>	\$33.58	<b>Members</b>	\$7.33
<b>Non-Members</b>	\$33.58					
<b>Members</b>	\$7.33					

You, the Payer, authorize City Stars Holdings Inc. (doing business as MAX Arts. Athletics. Wellness.) to debit your bank account according to the details described in this section and on the program registration form. The first payment will be processed within five (5) business days from the registration date and will include the \$25+HST annual AIAAA membership fee (for all memberships other than Mini Martial Arts) and the remaining payments will be processed in fourteen (14) day intervals from the start date or the next business day. Payments will continue on a bi-weekly basis until the student (or a parent/guardian if the student is under the age of 18) cancels the membership by completing and submitting a Discontinuation Form in person or email at least fourteen (14) days before the next scheduled payment. After the first annual fee is deducted, it will be charged every January henceforth for eligible memberships. Please see Section 4 of the attached Pre-Authorized Debit (PAD) Terms & Conditions for instructions on how you may cancel this PAD agreement.

- Check one (1) of the following options:
- Please use my bank account identified on the void cheque attached below.
  - I am an existing MAX customer and please use my bank account that I have on file at MAX.

**ACCEPTANCE: By signing below, I acknowledge and agree to the terms and conditions for Pre-Authorized Debit Agreement for MAX Martial Arts**

Signature of Account Holder (please <u>sign</u> ):	Signature of Joint Account Holder (if required, please <u>sign</u> ):
_____	_____
Name (please <u>print</u> ) _____	Name (please <u>print</u> ) _____
Date (mm/dd/yyyy) _____	Date (mm/dd/yyyy) _____



## Pre-Authorized Debit (PAD) Terms & Conditions for Martial Arts

1. In this agreement, “I”, “me” and “my” refers to each Account Holder who signs below.
2. I hereby authorize City Stars Holdings Inc. (doing business as MAX Arts. Athletics. Wellness. and hereafter referred to as MAX) and my financial institution to process Pre-Authorized Debits (PADs) against my account in accordance with the rules of the Canadian Payments Association.
3. I warrant and guarantee that all persons whose signatures are required to sign on the account have signed this Agreement.
4. I may cancel this Agreement at any time upon written notice being provided to MAX within 30 days before the next PAD was to be issued. I acknowledge that to obtain a sample cancellation form, or to receive more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
5. This Agreement applies only to the method of payment and I agree that cancellation of this agreement does not terminate or otherwise have any effect on any contract that exists between MAX and me.
6. I understand that notice of any change in the frequency or date of the PAD will be given to me in writing or via email at least one month in advance, at the last address provided by me to MAX. I agree to waive this pre-notification requirement and allow MAX to adjust my final payment to collect any balance owing in full should the student withdraw from the program.
7. I agree that my financial institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency, and fulfillment of any purpose of any Personal PAD.
8. I agree that delivery of this Agreement to MAX constitutes delivery by me to my financial institution. I agree that MAX may deliver this Agreement to MAX’s financial institution and agree to the disclosure of any personal information that may be contained in this Agreement to such financial institution.
9. I agree to inform MAX, in writing, of any change in the account information provided in this Agreement at least ten (10) days prior to the next due date of the PAD. In event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
10. I acknowledge that my financial institution need not verify that a PAD has been issued in accordance with the particulars of my Agreement with MAX.
11. I acknowledge that I have certain recourse rights if any debit does not comply with this Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. I further acknowledge that to obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
12. I hereby consent to the disclosure of any personal information contained in this Agreement to MAX’s Processing Agent which is directly related to and necessary for the proper processing of the PADs indicated in this Authorization under the rules of the Canadian Payments Association.

**PLEASE ATTACH A VOID CHEQUE HERE**