



330 Neptune Avenue,
 BROOKLYN, NY 11235
 OFFICE: 718-891-1111
www.nashjew.org
www.mbbestchoice.com
nashjew@gmail.com
mbbcschool@gmail.com

Membership Form

Registration/Processing Fee: \$100.00

 Last Name

 First Name

Birth date: ____/____/____
 Month Day Year

Age: _____ Sex: M F
 Please Circle

 Last Name

 First Name

Birth date: ____/____/____
 Month Day Year

Age: _____ Sex: M F
 Please Circle

 Last Name

 First Name

Birth date: ____/____/____
 Month Day Year

Age: _____ Sex: M F
 Please Circle

PARENT OR GUARDIAN INFORMATION

If under 18 years old

Parent: _____
 Last Name

 First Name

Home Phone: () ____ - _____

Cell/Work Phone: () ____ - _____

Home Address: _____

City _____ State _____ Zip Code _____

Email Address: _____@_____

Emergency Information

Emergency Contact: _____
Full Name Home Phone Cell/Work Phone

Full Name Home Phone Cell/Work Phone

How did you find out Center?
Referred by: _____ Newspaper _____ Flyers: _____ Other: _____

Do you have any physical deficiencies? _____ If yes, Please explain _____

Applicant Signature: _____ Date: ___/___/___

Parent/Guardian Signature: _____ Relationship: _____ Date: ___/___/___

NASH JEW Inc.
Training Release and Waiver of all Liabilities

1. I hereby represent that I am over 18 years of age and am physically and emotionally fit to engage in martial arts instruction with that I have had the training and procedures explained to me and that I have been offered the opportunity to observe a training session in progress. I hereby affirm that all my questions regarding the dangers involved in martial arts training and then inherent dangers and risk of such training have been answered to my satisfaction. Initial: _____.
2. I acknowledge that martial arts training involves strenuous physical activity, fast motion, contact, punching, kicking, throwing, joint locking, intercepting, training weapons, and self defense techniques and in therefore an inherently hazardous, dangerous, and risky activity. I voluntarily choose to enroll and participate in martial arts; I will be exposed to a risk of personal injury arising out of possible negligence or unavoidable accident due to the very physical nature of martial art. It is my stated intention to knowingly assume such risks. Initial: _____.
3. I understand that if I suffer from any disability or in injury, it is my obligation to bring this condition or injury to the attention of my instructor and that any exacerbation, injury or defect is my own responsibility. Initial: _____.
4. In consideration of being allowed to enroll in the NASH JEW training. I agree to release NASH JEW Inc., its owners, representatives, officers, operators, agents, instructors, students, staff, guests, invitees and all related parties from any injury or damage that may befall me while I am enrolled or engaged in martial arts training including all risks connected therewith, whether foreseen or unforeseen. I further agree to personally assume all risks in connection with such martial arts training. Initial _____.
5. I confirm that NASH JEW instructors, including its owners, representatives, officers, operators, agents, instructors, students, staff, guests, invitees and all related parties—shall not be held liable or responsible for any injury to myself, and that no one shall be permitted to sue or make claims against NASH JEW instructors, including its owners, representatives, officers, operators, agents, instructors, students, staff, guests, invitees and all related parties on my behalf in the even that I will be unable to personally make such claims. Initial: _____.
6. I understand that I am not entitled to reimbursement for any class not completed for any reason, tuition fee or registration fee, and membership in NASH JEW Inc. is non-transferable. We also reserve the right to change instructors without notice. Initial: _____.

Declaration:

The Student (if minor, parent or guardian) recognizes the act that there is a certain element of risk inherent in the course he/she is about to undertake and the activities while he/she will perform in relation thereto and knowing this, hereby assumes all risk. The students also declare that he/she has supplied all the relevant detail regarding the health to NASH JEW Instructors. Further, the student hereby releases, dismisses, and forever discharges the aforementioned parties in paragraph 5(five) relating to the activity engaged in from and liability for injuries, illness, damage, loss of life or physical defect which may result from the student engaging in this course. The student hereby agrees to refrain from instituting, pressing or in any aiding any claim, demand of action or cause of action for damages, costs, loss of service, expenses or compensation for or on account of any such injuries. The student has read, understood and is in agreement with the training release and also hereby agrees to abide by the rules of NASH JEW Classes.

Disrespect to instructors, disrespect to the school or breaking the rules of the school will result in the student being expelled along with loss of membership.

I am of lawful age and legally competent to sign this affirmation, waiver and release. I have carefully read this document and agree to all terms. I further affirm that I have signed this document of my own free will and am fully aware that this is a release of liability.

Applicant's Signature: _____

Date: ___/___/___

Parent/Guardian Signature: _____

Relationship _____ Date: ___/___/___

(if under 18)

NASH JEW Inc. Payment Policy

The first sport class payment must always be made approximately 30 days before the first day the child or me attends NASH JEW School. Notification of early withdrawal must be made at least 15 days prior to new end date.

We do not receive any funding from outside sources. Thus it is essential that all payments be made in full on the date not late those 7 days before end of each month. (The date and amount of the payment are indicated on the payment receipt).

We seek to provide a stable environment for your child. To achieve this we must also provide our staff with a secure and stable employment. This can only be maintained by you obligating yourself to making timely payments on a monthly basis.

When your child is away from NASH JEW for any reason (without serious reason) You will still be responsible for that period of absence and required to pay your payment in full as per out contractual agreement.

Exception reason for absence:

1. Child illness (Doctor's notice must submit to the office)
2. Parent illness (if parent dropping off/picking up child by self only. Doctor's notice must submit to the office).
3. Family vacation (writing parent's notice must be submitted to NASH JEW office not late then 30 days prior to vacation date).
4. Family emergencies (as death in the family, accident, etc. Notice of Proof required).

Unpaid balances overdue 10 calendar days will incur a 10% interest charge. Parents have to agree to pay a \$20.00 returned check fee, and in additional agree to pay all collection charges, court and/or attorney fees involved with the collection of the NASH JEW account.

Applicants Signature: _____

Date: ___/___/___

Parent/Guardian Signature: _____ Relationship _____ Date: ___/___/___
(if under 18)