Shobukan Judo Club Agreements and Permissions

To be completed by the member or primary Parent/Legal Guardian

Shobukan Judo Club ("Club") member or parent/legal guardian if a minor is required to review and agree to the terms below. To indicate you agree, you must enter your initials at the end of each section.

Financial Obligation

i agree to make quarterly tuition payments no later than the 1st of the month marking the start of each quarter:

- Quarter 1 due January 1st
- Quarter 2 due April 1st
- Quarter 3 due July 1st
- Quarter 4 due October 1st

I understand (I) a 10% annual discount is available, (2) an absence exemption may be allowed provided I notify

the Club in writing in advance of an absence, (3) a 10 day grace period will be a regardless of attendance, and (5) failure to make timely payments will prohibit n tournaments and or be eligible for promotions. Dues are non-refundable; hower David Kanno may authorize a tuition waiver under special circumstances. Dwig Michael Maeda, will handle all waiver appeals. For new students registering in for the quarter registration takes place.	ny child to train, participate in ver, either Dwight Maeda or iht Maeda, David Kanno and
ioi the quarter registration takes place.	Initials
Financial Assistance	
I agree to explore all means necessary to cover my financial obligations. Howe able to make the full payment, that alternate payment options will be explored. - I consent to be placed on a payment plan first. If a payment plan optio	
then in-kind service possibilities will be explored.	iris siii a iiriariciai riarusiiip
 I understand that there is no guarantee of a payment plan or in-kind se will be reviewed and administered on a case-by-case basis. 	rvice agreement and each case
I understand in-kind services are limited and do not carry over from one must be made each month to either Dwight Maeda or David Kanno. Do Michael Maeda will handle all appeals.	
Michael Maeda will handle all appeals.	Initials
Club Obligation	<u></u>
I understand the Club is a nonprofit sports organization that relies on volunteers basically, cover the operating expenses and I will volunteer as much as I can to standing and ad hoc committees. I will try to participate in various fundraising a	include participating in
members.	Initials
Medical Release	<u></u>
I give permission in the event myself or my child becomes ill or injured for the C help or be sent (properly accompanied) to a hospital or a physician. I release the management, instructors, representatives and members from any claim of liability furthermore I represent that the participant has personal health insurance through	ne Club, Board of Directors, ity in connection therewith,
Media Rights	
I give permission for the use of the name, images and pictures of myself and or compensation.	my child by the Club without
	Initials
I READ THIS AGREEMENT AND I FULLY UNDERSTAND THE TERMS.	
Member or Primary Parent/Legal Guardian Printed Name and Signature:	Date:

Print Name Revised 5/25/17