



RENSHI

RENSHI KUNGFU REGISTRATION
1-YEAR MEMBERSHIP

EMAIL COMPLETED REGISTRATION TO RENSHIKUNGFU@GMAIL.COM

MEMBER INFORMATION

Name: _____ Surname: _____
ID No.: _____ Date of Birth: _____
Sex: Male ☐ Female ☐ Date of Registration: _____
Cell No.: _____ Email: _____

PARENT/GUARDIAN INFORMATION (if applicant is under the age of 18)

1st Grardian

Full Name: _____ Cell No.: _____
Email: _____

2nd Guardian

Full Name: _____ Cell No.: _____
Email: _____

MEMBERSHIPS (tick selection)

Registration fee of R150 in required on signup

FULL - TIME

Unlimited access

R500/m ☐

KIDS

12 & Under

R250/m ☐

PART - TIME

1 Class a week

R350/m ☐

U16 / O65

Special membership

R350/m ☐

PAYMENT INFORMATION (cash also accepted)

BANK
BRANCH CODE
ACCOUNT NO.
ACCOUNT HOLDER

NEDBANK
198765
1201166160
Ethan Sicard

Monthly fees are due in full on the recurring 1st of every month.

A late fee of R50 will be applied to all accounts with an outstanding balance after the 7th of the month. If new applicants submit an application after the 14th of the month, **only the registration fee will be required for that month and regular fee payments continue from the 1st of the upcoming month.**

Due to the nature of this service, we are unable to offer refunds for missed or cancelled classes in the event of weather related cancellations, tragic events or unforeseen circumstances.



renshi kungfu

MEMBER HEALTH QUESTIONNAIRE

Renshi Kungfu classes are designed to assist you on your path to greater health and self mastery. Many health benefits are associated with regular exercise and the completion of this questionnaire is a sensible first step to take if you are planning to increase the amount of physical activity in your life. Our goal is always to prioritize the safety of all members, therefore we must identify individuals for whom physical activity might be inappropriate or those who have medical advice concerning the type of activity most suitable for them. Please read the following questions carefully and answer to the best of your knowledge by ticking the appropriate box.

1. Has your doctor ever said you have a heart condition and recommended only medically supervised physical activity? Yes ☐ No ☐
2. Do you have chest pains brought on by physical activity? Yes ☐ No ☐
3. Have you developed chest pains within the last month? Yes ☐ No ☐
4. Do you lose consciousness or fall over as a result of dizziness? Yes ☐ No ☐
5. Do you have a bone, joint or back problem that could be aggravated by your intended physical activity? Yes ☐ No ☐
6. Has a doctor ever recommended medication for your blood pressure or a heart condition? ☐ Yes ☐ No ☐
7. Are you aware, through your own experience or a doctor's advice, of any other physical reason why you should not exercise without medical supervision? Yes ☐ No ☐

EMERGENCY CONTACT

Please provide details for an emergency contact in case of emergency.

1st Contact

Name: _____
Cell No.: _____

2nd Contact

Name: _____
Cell No.: _____



renshi kungfu

MEMBERSHIP TERMS AND CONDITIONS

1. THIS IS A 12-MONTH AGREEMENT WHICH WILL AUTOMATICALLY RENEW ON EXPIRY.
2. WE REQUIRE ONE MONTH'S CALENDAR NOTICE IN ORDER TO TERMINATE YOUR MEMBERSHIP DURING OR AFTER YOUR FIRST YEAR WRITTEN NOTICE IS REQUIRED TO BE SENT TO RENSHIKUNGFU@GMAIL.COM.
3. I UNDERSTAND THAT IF I TERMINATE MY MEMBERSHIP & REJOIN I WILL BE LIABLE TO PAY THE JOINING FEE AGAIN.
4. MEMBERSHIP FEES ARE PAYABLE MONTHLY IN ADVANCE BY NO LATER THAN THE 7TH OF EVERY MONTH.
5. PENALTIES OF 10% PER WEEK WILL BE CHARGED ON OVERDUE ACCOUNTS UNLESS SPECIAL ARRANGEMENTS HAVE BEEN MADE.
6. RETURNED DEBITS DUE TO LACK OF FUNDS WILL BE LIABLE TO PAY A PENALTY FEE OF R150 PER RETURNED DEBIT.
7. I ACKNOWLEDGE THAT I WILL BE HELD LIABLE FOR MONTHLY PAYMENT EVEN IF I/ MY CHILDREN DO NOT ATTEND CLASSES.
8. THERE WILL BE NO FREEZING OR HOLDING OF CONTACTS. SHOULD YOU HAVE SUSTAINED AN INJURY/ILLNESS A VALID MEDICAL EXAMINATION MADE BY A REGISTERED MEDICAL DOCTOR WILL DECIDE ON THE RECUPERATION PERIOD AND TREATMENT. ANYTHING LESS THAN 2 MONTHS WILL BE CONSIDERED.
9. I AM AWARE THAT I REMAIN LIABLE FOR MONTHLY PAYMENTS OVER THE CHRISTMAS AND NEW YEAR PERIOD AND THAT THE SAME RULES APPLY TO THE TERMINATION OF MEMBERSHIP OVER THIS PERIOD.
10. AN ANNUAL INCREASE OF 10% WILL APPLY AT THE BEGINNING OF EACH YEAR.
11. I AM AWARE OF THE PHYSICAL NATURE OF RENSHIKUNGFU, EXERCISES, AND TRAINING.
12. I DO NOT SUFFER FROM ANY MEDICAL DISABILITY OR PROBLEMS THAT WILL PREVENT ME FROM PARTICIPATING IN DOMINATION FITNESS & FIGHT GYM-ENDORSED EXERCISES & TRAINING OR WHICH WILL ENDANGER THE HEALTH OF OTHER MEMBERS OR MY HEALTH.
13. IN THE EVENT THAT I SHOULD DEVELOP ANY MEDICAL CONDITIONS AFTER THE DATE HEREOF, I UNDERTAKE TO CONSULT A MEDICAL DOCTOR TO OBTAIN THEIR APPROVAL FOR MY CONTINUED PARTICIPATION AT RENSHIKUNGFU.
14. I AM PHYSICALLY & MENTALLY FIT TO PARTICIPATE AT RENSHIKUNGFU FREE OF ANY COMMUNICABLE/INFECTIOUS DISEASE.
15. IN THE UNLIKELY EVENT OF AN EMERGENCY, I HEREBY AUTHORISE TRANSPORTATION & LICENCED PERSONNEL TO PERFORM ANY ACCEPTED MEDICAL PROCEDURES ON ME DEEMED NECESSARY OR ADVISABLE AND AGREE TO BARE THE EXPENSES OF SUCH TRANSPORTATION OR PROCEDURES.
16. AS A MEMBER, I MUST FAITHFULLY COMPLY WITH THE MEMBERSHIP TERMS AND CONDITIONS ASWELL AS THE MEMBERSHIP OPTION I CHOOSE ASWELL AS THE SAFETY REGULATIONS OF THE FACILITY. THIS INCLUDES ADHERING TO THE PERFORMANCE DRILL OR TECHNIQUE SHOWN WHICH HAS BEEN SCIENTIFICALLY DESIGNED TO DEVELOP MY HEALTH AND FIGHTING SKILLS. I FURTHER UNDERSTAND THAT ALL CLASSES ARE SUPERVISED BY QUALIFIED PERSONNEL AND THAT THE STRICT OBSERVATION OF SAFETY REGULATIONS WILL LARGELY PRECLUDE THE POSSIBILITY OF AN ACCIDENT AND INJURY
17. I AGREE TO DEFEND, INDEMNIFY RENSHIKUNGFU, ITS DIRECTORS, OFFICERS, EMPLOYEES, AND OTHER RELEASED PARTIES HARMLESS FROM AND AGAINST ANY AND ALL ACTIONS, SUITS, CLAIMS, DEMANDS, CAUSE OF ACTION, PROCEEDINGS, LOSSES, COSTS, EXPENSES INCLUDING WITHOUT LIMITATION, ALL ATTORNEY FEES AND DISBURSEMENTS, DAMAGES, LIABILITY, AND FINES OR PENALTIES, IN ANY WAY ARISING OUT OF OR RELATING TO, CONNECTED WITH DIRECTLY OR INDIRECTLY, THE PREMISE REGARDLESS OF WHETHER THERE IS ACTIVE OR PASSIVE NEGLIGENCE OR FAULT ON THE PART OF RENSHIKUNGFU, AND ANY BROTHER OR RELEASED PARTIES
18. WE RESPECT YOUR RIGHT TO PRIVACY AND THEREFORE AIM TO ENSURE THAT WE COMPLY WITH THE LEGAL REQUIREMENT OF THE POPI ACT WHICH REGULATES THE MANNER IN WHICH WE COLLECT, PROCESS, STORE, SHARE, AND DESTROY ANY PERSONAL INFORMATION WHICH YOU HAVE PROVIDED TO US. BY SIGNING THIS MEMBERSHIP FORM YOU PERMIT US TO USE IMAGES, VIDEOS, AND AUDIO TAKEN FOR MARKETING, MEDIA, AND ADVERTISING PURPOSES.

Name of Releasor

Releasor ID number

Releasor Signature

Releasor Parent/Guardians Signature (if releasor is <18 y.o)

Date

Date