



# VISION KARATE INTERNATIONAL

## Registration, Participation and Photography Release Form - 2024

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**Please complete and sign the form below:**

Student First name \_\_\_\_\_

Last name \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_  
and Mobile Phone Number \_\_\_\_\_

### **Which Classes would you like to register for?**

- Beginner Black Belt - 45 Minute Group Class (8 classes per month) - WEDS/THURS
- Beginner Black Belt - 45 Minute Group Class (8 classes, 2 months) - SATURDAY
- Private Lessons - 1 hour individual lessons
- Women's Self Defense - 1 hour class once a week

**Class Location:** 820 S MacArthur Blvd, Suite 103, Coppell, TX 75019. We will contact you regarding class times and availability. Small class size limit is 10 students. If you have siblings, there is a discount of 10% for additional children.

**Waivers:** signature of participant waiver, release of liability and photography waiver is required before a student may attend.

**Fees:** A one time fee of \$100 will include a patch and attendance book. Uniform fee is \$50 (Free during our joining promotion). Please be aware that grading fees for the color belts award and certificate vary according to kyu level.

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**Payments:** to be made to Vision Karate International by check unless another arrangement is agreed. Payments to be made by the first of the month.

### **PARTICIPATION WAIVER**

Participant and/or parent and guardian knows of no reason, physical or mental why he/she or his/her child's health or physical condition should prohibit them from participating in any type of instruction held at Vision Karate International or by any Instructor/Trainee Instructor, assistant or student at the Training center or at any events held by Vision Karate International.

Participants, and/or guardians understand that every safety precaution is taken in any type of instruction held at Vision Karate International and Participant, and/or legal guardian hereby waives any claims against Vision Karate International, Sensei Chithra Aman, and or any instructor, participant or assistant and student for any injury as a result from participation in all of these martial art activities.

Parent Signature

(or student signature age 18+)

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Date Signed

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### **PHOTOGRAPHY WAIVER**

To capture the experience of our students and help celebrate their hard work and accomplishments, Vision Karate International may take photographs and videos of students in class and during competitions.

This Photography Release Form is to confirm that we have permission to use images that include your student on our website, Facebook page and in our marketing materials. Please review and sign this form.

#### **PERMISSION:**

– I hereby authorize VISION KARATE INTERNATIONAL to make use of individual or class karate photographs in which my child is included. These photos may be posted on the company website, visionkarateinternational.com, or included on the company's Facebook group page. Photos may also be used in company marketing materials provided that it is done lawfully.

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– I hereby acknowledge that I will not be entitled to payment or any compensation for use of my student's photos.

– I hereby acknowledge that if I choose to decline this photo permission now or in the future, I will resubmit this form as a written notice.

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Age of Student (if under 18): \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent Signature  
(or student signature age 18+) \_\_\_\_\_

Mobile # & Emergency Contact Name \_\_\_\_\_

**YES, I give approval for photos to be used by Vision Karate International**

I agree to the above terms of Vision Karate International:

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**Parent/Guardian Name (if student is under 18):** \_\_\_\_\_

**Date:** \_\_\_\_\_

If you have any questions, please call me to discuss. Thank you!

Sensei Chithra Aman  
President & Trainer  
Vision Karate International