



**HORIZON KARATE CENTRE**  
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**Surname:** ..... **Name** .....

**Date of birth:** ..... **Belt:** .....

**Address:** ..... **Contact Details**

..... **Home:** .....

..... **Work:** .....

..... **Cell:** Mom Name ..... .....

..... Dad Name ..... .....

**E- mail:** ..... **Affiliation Receipt No.** .....

Please read the following carefully and sign to indicate that you have read and understood the contents (to be signed by parent / guardian if under 21)

**I hereby agree that:**

1. The above information is correct and I will notify the dojo of any changes regarding my personal particulars.
2. **One months' paid and written notice will be given before leaving the dojo.**
3. No refunds will be made if classes are missed as a result of illness or holidays.
4. The dojo will be closed on all public holidays.
5. The dojo will not be responsible for loss, damage, etc. to any personal belongings of students or spectators.
6. I do not hold SA JKA or the Horizon Karate Centre (and all instructors or sub instructors) responsible for any injury, through whatever causes, which may occur while in attendance at the Horizon Karate Centre, whether an instructor is present or not.

**The fees for 2020 will be as follows:**

An annual registration fee (**CASH ONLY PLEASE**) of **R500-00** per year is payable on enrolment and is due annually before the 26th of February.

Fees must be paid in advance either:

• Half yearly (6 months):	<b>R2 820-00</b>	• Quarterly (3 months):	<b>R1 440-00</b>
• Monthly:	<b>R490-00</b>		

I agree to comply with the abovementioned conditions.

**SIGNED:** .....

**DATE:** .....