

COMPLETE APPLICATION

AND RETURN WITH

1495 Weaver Street, Scarsdale New York 10583

Phone: (914) 723-8006 Fax: (914) 723-8071

www.westchesterjudo.com



Registration Information

Tuition Registration Policy: All students must register 30 days prior to the start of each semester to secure a spot in the class. The registration period covers the following semesters:

- **Fall / Winter Semester: September thru January (\$900.00 – 5 Months)**
- **Spring / Summer Semester: February thru June (\$900.00 - 5 Months)**

Penalties: There will be a \$50 charge for any returned checks.

Annual Membership Dues: There is an Annual Membership Dues of \$100.00 USD per student which covers all insurance fees. You will receive a Westchester Judo Student Handbook (for new students). Annual Membership Dues is non-refundable nor pro-rated.

Cancellation Policy

PARENT/LEGAL GUARDIAN INITIAL HERE: _____

A. There will be no refunds obtained once student is enrolled. Please take advantage of the one free trial class offered prior to enrollment to determine if Westchester Judo is the proper fit for your child.

B. Injury. If injury occurs, membership can be frozen for a duration of three months with the receipt of a medical notice from your doctor. Medical must be received by Westchester Judo within 10 days of injury and state that student is unable to participate for the remainder of the semester due to severity of injury.

Class Schedule

Judo Tots – Ages 3 to 5 years

Judo Kids – Ages 6 to 10 years

Judo Jrs – Ages 11 to 15

Judo Adults – Ages 16 & Up

Judo All Ages

	MON	TUES	WED	THUR	SAT	SUN
10:30-11:30am					Judo Tots Judo Kids Judo Jrs	
4:30-5:15pm	Judo Tots		Judo Tots			
5:30-6:30pm	Judo Kids	Judo Kids Comp/Training	Judo Kids	Judo Kids Comp/Training		
6:30-7:30pm	Judo Jrs	PRIVATE CLASS	Judo Jrs	PRIVATE CLASS		
7:30-9:00pm		Judo Adults		Judo Adults		

Uniform

All uniforms must be purchased through Westchester Judo. Uniform consists of standard White Judo Gi, Westchester Judo T-Shirt, Westchester Judo Team Warm-Up Jacket and Patch. It is mandatory for all female students to wear their Westchester Judo T-Shirt under their Judo Gi.



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Membership Registration Form

All Information Must Be Completed Before Registration Form Can Be Processed.

Step 1: Personal Information.

Student First Name: _____ Last Name: _____
DOB: _____ Age: _____ Sex (Circle One): M F
USA Judo #: _____ Rank (belt color & stripes): _____ Year Earned: _____
Street Address: _____ City: _____ State/Zip: _____

Registrant Information if Registrant is above the age of 18 - Parent/Legal Guardian Information otherwise:

E-Mail (will be used for special announcements): _____
Home Phone: () _____ Cell Phone: () _____ Bus. Phone: () _____

Person To Contact In Case Of An Emergency (please print clearly)

Name: _____ Relationship to You: _____
Home Phone: () _____ Cell Phone: () _____ Bus. Phone: () _____

PARENT/LEGAL GUARDIAN MUST COMPLETE IF REGISTRANT IS UNDER THE AGE OF 18

Parent/Legal Guardian Last Name: _____ First Name: _____

Signature of Parent/Legal Guardian of Registrant **Date**

I hereby agree to attend, or if applicable, agree that I am legal guardian of the registrant and give my permission for him/her to participate in Wechester Judo. For myself, or as legal guardian of the registrant, I hereby hold harmless, release and forever discharge Westchester Judo Club, USA Judo, and its Instructors, Members, Agents, Employees and Authorized representatives from any liability, claim, loss, including but not limited to personal injury or expense incurred by me or the registrant and arising from my, or the registrants participation in Judo training, whether or not caused by the negligence of the Training Center, its Instructors, Members, Agents, Employees or Authorized Representatives. I, for myself, or on behalf of the registrant, specifically understand and agree I am assuming the risk of any and all injuries that I or the registrant may suffer or incur as a result of participating in this training.

By signing this form, I agree to have read and agree to all of the terms listed above.

Signature of Registrant or Parent/Legal Guardian of Registrant **Printed Name of Registrant or Parent/Legal Guardian** **Date**

(Over)

Step 2: Semester Registration. Please check which semester(s) you are registering for.

_____ Fall/Winter Semester: September to January (5 Months)

_____ Spring/Summer Semester: February to June (5 Months)

Step 3: Student Age Category. Please check which category applies.

_____ **Judo Tots**, Ages 3 to 5 years.

_____ **Judo Kids**, Ages 6 to 10 years.

_____ **Judo Jrs**, Ages 11 to 15 years.

_____ **Judo Adults**, Ages 16 and up.

Step 4: Payment Plan. Please check which plan applies.

_____ **Plan A:** Register For Single Semester (5 months) - Unlimited Classes

TOTAL COST: \$900.00

_____ **Plan B:** Register For Double Semester (10 months) - Unlimited Classes

TOTAL COST: \$1,700.00.....SAVE \$100.00 (Originally \$1,800.00)

_____ **Plan C:** Register For Single Semester (5 Months) - 1 Class Per Week Only

TOTAL COST: \$600.00. (Any Additional Classes Added Will Be Billed At \$30 Per Class)

_____ **Plan D:** Register For Double Semester (10 Months) - 1 Class Per Week Only

TOTAL COST: \$1,140.00.....SAVE \$60.00 (Originally \$1,200.00)

(Any Additional Classes Added Will Be Billed At \$30 Per Class)

Step 5: Total Amount Due.

Annual Membership Dues Payable Once Per Year Sept – June (\$100.00 USD if applicable).....\$ _____

Uniform Cost: Judo Gi, T-Shirt, Warm Up Jacket & Patch. (\$125.00 USD if applicable).....\$ _____

Student Tuition Payment Plan: (From Step 4)

Select Payment Plan A, B, C or D.....\$ _____

Sibling Discount of 5% off Tuition Fee Per Additional Child, if applicable.....(**\$ _____**)

TOTAL AMOUNT DUE:.....\$ _____

Step 6: Payment Option.

CREDIT CARD PAYMENT (Circle One): Visa Master Card American Express

Credit Card Number: _____ Expiration Date: _____

Security Code: _____ *For Visa or Master Card, the security code is the last 3 digits on the back of the card. For American Express, the security code is on the front of the card and is a 4 digit code above the credit card number.*

Credit Card Holder Name: _____ Amount charged: \$ _____

CHECK PAYMENT Check Amount: \$ _____ Check #: _____ Check Date: _____
(All Checks Payable To Westchester Judo)

I agree to all terms listed above through Westchester Judo Club.

Signature

Date