



**Personal Information of Student:**

Last Name :		First Name:	
Date of Birth:		Belt Level:	
Medical History:			
Address :		City :	Postal code :
Home number :		Cell number :	
Email :			
I agree that photos and / or videos can be taken during training for the purpose of promotional material for Centre Evolution / I do not agree.			

**15 weeks – Fall session (September 8<sup>th</sup> until December 17<sup>th</sup>, 2020)**

Program:	<b>Judo (10-13 years)</b>		
Price:	___ \$170 ( <b>\$195.46</b> ) - 2 x week (mask included)		
Program:	<b>Adult Judo (14 years +)</b>		
Price:	___ \$225 ( <b>\$258.69</b> ) - 3 x week (mask included)		
		Affiliation with Judo Québec:	
Total cost of contract (registration including taxes + affiliation):			

Hereby, the member confirms wanting to become a member of the health studio Arts Martiaux Évolution and accepts to meet all the regulations established to maintain order and protect members for injuries, and respect all the instructors. Hereby, the member exempts Arts Martiaux Évolution, Daniel Guillemette, his instructors, members and authorized guests from all actions, causes of actions, claims and demands for various damages, loss or injury whatsoever suffered after joining this health club. The member also agrees that the club Arts Martiaux Évolution, Daniel Guillemette, its instructors and its members are not liable for any loss of theft or personal effects.

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