



2437 Central Ave, Windsor, ON, N8W4J4 | info@centralmma.com

### Registration Form

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

Address \_\_\_\_\_ City/Town \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Physical/Medical Conditions \_\_\_\_\_

Training Experience \_\_\_\_\_

Training Goals \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

### Membership Type

All-Access  Mixed Martial Arts  Submission Grappling  Boxing  Kickboxing  Youth

1 Month \$90<sup>+HST</sup> = \$101.70  3 Month \$200<sup>+HST</sup> = \$226.00  3 Month All-Access \$250<sup>+HST</sup> = \$282.50

Monthly PAD Payment: \$50<sup>+HST</sup> = \$56.50  \$55<sup>+HST</sup> = \$62.15  \$65<sup>+HST</sup> = \$73.45

PAD (Attach Void Cheque)  Cash  Check  Paypal  Expiration Date \_\_\_\_\_

### Terms and Authorization

All fees are non-negotiable and non-refundable. All fees are to be paid in full. Central Combat Sports Inc reserves the right to terminate the membership of any individual involved in deleterious behavior towards the members, guests or property of Central Combat Sports Inc. In the event of any dispute arising from a member's failure to pay membership dues or any other money due to Central Combat Sports Inc, the prevailing party shall be entitled to recover all actual attorneys' fees and costs incurred in connection therewith. **Monthly PAD rates are based on a minimum six (6) month membership.** Any membership cancellation thereafter must be made in writing and will take effect after twenty (20) days. Any NSF charges will incur a penalty fee of \$15 plus the balance owing. Insufficient payments and penalty fees will be debited the following week.

I have read and understand this agreement and agree to all of its terms.

Preauthorized Debit Authorization: I authorize Central Combat Sports Inc. to begin deductions as per this agreement for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my membership with Central Combat Sports Inc., from my specified account every thirty (30) days.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# **CENTRAL**

## **COMBAT SPORTS**

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

Address \_\_\_\_\_ City/Town \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

I AM AWARE THAT THERE IS POTENTIAL RISK FOR INJURY INVOLVED IN THE TRAINING AND PARTICIPATION OF ANY PHYSICAL ACTIVITY. I freely accept and fully assume all such risks, dangers and hazards, including but not limited to injury through physical activity and/or use of equipment and facilities, and the possibility of personal injury, death, the contraction of communicable disease, property damages or loss, resulting from my participation in any or all services provided by or endorsed by Central Combat Sports Inc.

I am also aware that I should discuss my participation in this activity with my physician to determine the effect on my current health.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT: in consideration to participate in Central Combat Sports Inc, I hereby agree as follows:

\_\_\_\_\_  
Initial TO WAIVE ANY AND ALL CLAIM that I have or may in the future have against Central Combat Sports Inc, its directors, officers, employees and representatives, officials, club executives, guests and players or participants (all of whom are hereinafter collectively referred to as "Releasees").

\_\_\_\_\_  
Initial TO RELEASE THE RELEASEES from any and all liability for any loss, damage, disease, injury or expense that I may suffer or that my next of kin may suffer as a result of my participation in any service provided by or associated with Central Combat Sports due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE. I acknowledge my responsibility to ensure adequate medical personal health, dental and accident insurance coverage, as well as protection of my personal possessions.

\_\_\_\_\_  
Initial TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to property of, or personal injury to, or costs, any third party, resulting from my participation in this activity.

\_\_\_\_\_  
Initial THIS AGREEMENT shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns or representatives in the event of my death or incapacity.

\_\_\_\_\_  
Initial IN ENTERING INTO THIS AGREEMENT, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS OR ASSIGNS MAY HAVE AGAINST THE RELEASE.

Signed this day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Participant or Legal Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Please PRINT NAME clearly

\_\_\_\_\_  
Please PRINT NAME clearly