After School Program Enrollment Form 2026

MAGNITUDE MARTIAL ARTS

2 Children Streetsville Campus 6820 Kitimat Units 5 & 6

Date: _____ **Program:** After School Taekwondo Program

Parent(S)☐ Legal Guardian(S)☐ (Buyer): _____

First Name Last Name

1St Child Name(s): _____ Age____DOB(Month/Day) _____/_____/_____

2nd Child Name(s): _____ Age____DOB(Month/Day) _____/_____/_____

Address: _____Postal_____

Phone: Home: ( ) _____ Cell: ( ) _____ Work: ( ) _____

Spouse's Name: _____ Spouse's Cell: ( ) _____

In case of emergency, contact: _____ Relation: _____Phone #: ( ) _____
Only the following people will be allowed to pick up my child with permission:

1/ _____ Relation:_____ 2/ _____ Relation: _____
First Name Last Name First Name Last Name

Your Children's School: _____ School Dismissal Time: ____: ____pm

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Program Description: After School Martial Arts Program E-mail Address: _____

Start Date: 09 / 02/ 2025 Ending Date: 06 / 26/ 2026
MM DY YR MM DY YR

At the rate of $410.00 per 2-week period Registration fee of $135.00 per child due at signing, includes uniform.
A $40.00 fee per week during Holiday Season and March break will be charged per child.

I, the buyer, authorize Magnitude Well-Being Centre Inc. to process a charge in the amount of $410.00 on my credit card Every **Second Monday** (bi-weekly) as set out above. In consideration of Magnitude Well-Being Centre Inc. acting as signed by me.
I warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement.

Visa MC **Card #** _____

Exp. Date: ____/____ CVC_____

Account Holder / Cardholder Name/Signature: _____

If you wish to withdrawal your child from our After School Program, there will be a penalty of 3 weeks' payment, $615.00, if the Agreement is canceled prior to its expiration date.

Please give us your cancellation notice by e-mail to magnitude@outlook.com or if unable to use e-mail, please forward us a letter stating your intentions.

The first regular payment as authorized above shall begin on 09/02/2025 and continue for 10 months.

Buyer Printed Name: _____ Buyer Signature: _____ Date: _____
*I authorize Magnitude to debit my above account or credit card for any Grading's or PD days, or Camp Days, or Uniforms that my children may attend or need.

Name of account holder: _____ Signature: _____

SEE REVERSE FOR ADDITIONAL PROVISIONS, TERMS AND CONDITIONS

OPTIONS TO RENEW: Under the Consumer Protection Act 2002, we are required to notify you 30-90 days before this agreement expires. We will not renew or extend your membership if you notify us that you do not want to renew or extend this agreement. Please notify Magnitude prior to the End Date by email to magnitude@outlook.com if you wish to cancel your membership. Phone or verbal cancellations are not accepted.
If you pay monthly, we will automatically continue billing your account after the expiration date unless we receive your cancelation notice.

If you are enrolled in the After School Program, there will be no automatic renewals. Re-registration for the new school year will be required.

Your Rights under the Consumer Protection Act, 2002

You may cancel this agreement at any time during the period that ends ten (10) days after the later of the day you receive a written copy of the agreement and the day all the services are available. You do not need to give the supplier a reason for cancelling during this 10-day period.
In addition, there are grounds that allow you to cancel this agreement. You may also have other rights, duties and remedies at law. For more information, you may contact the Ministry of Consumer and Business Services.
To cancel this agreement, you must give notice of cancellation to the supplier, at the address set out in the agreement, by any means that allows you to prove the date on which you gave notice. If no address is set out in the agreement, use any address of the supplier that is on record with the Government of Ontario or the Government of Canada or is known by you.
If you cancel this agreement, the supplier has fifteen (15) days to refund any payment you have made and return to you all goods delivered under a trade-in arrangement (or refund an amount equal to the trade-in allowance).

ADDITIONAL PROVISIONS, TERMS AND CONDITIONS

I, as Buyer, enter into this Agreement with Magnitude Well-Being Centre Inc. (hereinafter referred to as "the Studio") and do hereby agree on behalf of myself, my children, and all persons who become entitled to use the facilities of the Studio by virtue of my membership as follows:
WAIVER AND RELEASE: I and my child(ren) fully recognize the risks of injury and/ or illness inherent in participation in any fitness or martial arts program, and we represent to the Studio that we have taken all reasonable steps to determine, and hereby warrant, that we are in good health and physically capable of participating in the programs and courses of instruction offered by the Studio. We acknowledge that the Studio shall make no, and shall have no responsibility to make any independent evaluation of our physical health or fitness. We understand and agree that all participation in any such fitness program or use of the Studio's facilities or equipment on or off the premises of the Studio, including tournaments or field trips, shall be at our own risk.

We hear by release, indemnify and save harmless the Studio, and its officers, directors, employees and agents from and against any and all claims, demands, damages, costs and liabilities of any kind or nature, including solicitor's fees and costs, for injury to or death of myself or my child(ren), or of any person or persons who become entitled to use the facilities of the Studio by virtue of our membership, or any third persons, which arise directly or indirectly out of or in connection with our participation in any program or course of instruction either on or off the premises of the Studio, or by virtue of our presence at the Studio or at any of the Studio's off-premises events, whether or not in fact we or such other persons are then participating in any particular program or event. We understand, and agree that the Studio shall not be responsible for the conduct of other users of the Studio or its facilities or equipment, or participants in the Studio's off-premises programs, or for any injury or death or damage to property resulting from such conduct, and we shall not bring any action or proceeding against the Studio for any payment compensation or claim for any loss of life or injury caused by any such user.
LOSS/DAMAGE/THEFT OF PROPERTY: We understand and agree that neither the Studio, nor its officers, directors, agents or employees shall be responsible for any personal property which is damaged, lost or stolen in or around the Studio or its facilities.
RULES AND REGULATIONS: I and my child(ren) agree to abide by the rules and regulations governing the conduct and operation of the facilities. We understand that the Studio has the right to alter or amend any and all rules and regulations, including those set forth in this Membership Agreement, and we agree to abide by all such amended rules and regulations. We understand that our membership and the right to use the Studio's facilities and programs may be suspended or terminated at any time with or without cause.
ADDITOINAL COSTS: We understand and agree that there will be special events held at the Studio, including but not limited to belt tests, tournaments, camps, etc., and these events all incur additional fees beyond the amounts set forth in this Agreement. We also understand and agree that the cost of uniforms, equipment, and supplies and must be purchased separately. All Government taxes, including HST, are in addition to and will be automatically added to all payments. We understand the Studio reserves the right to charge extra for any new services.
PHOTOGRAPHS: We hereby authorize the Studio and its agents, successors and assigns to photograph my child(ren) without restriction and to utilize such photographs and/or voice transcriptions for any commercial purpose, including but not limited to the promotion and marketing of the Studio, and we agree that we shall not be entitled to receive any compensation whatsoever of any kind as a result of such use.

AUTHORITY TO TREAT: I give the instructors, staff and responsible adults of the Studio the power to authorize medical or other treatment of myself and/or my child(ren). If I am not the person named, I am the parent, guardian or adult responsible for the person named and I have the legal right to grant this power. Treatment may be made without regard to whether I or any other parent, guardian or adult responsible has been contacted or has consented to the specific treatment, provided it does not conflict with the limitations set out in the Medical & Waiver Form. This authority begins on the date signed and continues throughout the term of this Agreement or any renewal. By giving my authorization, I assume responsibilities for all decisions made, provided they are reasonable decisions under the circumstances based upon the knowledge and understanding of the person making the decisions. I understand that the instructors may have limited skills in first aid and at their discretion, I authorize them to use those skills and techniques to assist in any circumstance in which they judge their skills would be necessary or helpful. I have carefully read these Additional Provisions, Terms and Conditions. I understand the terms and conditions and agree to be bound by them.

Buyer / Printed Name: _____ Buyer / Signature: _____ Date: _____