



# MAMBEC™

Name: \_\_\_\_\_

MARTIAL™ ART MIND BODY EDUCATION CENTRE  
Studio and Office - Cole Harbour Place (2<sup>nd</sup> Floor)  
51 Forest Hills Pkwy. Dartmouth, NS B2W 6C6  
(902 462-5669 / [info@mambec.com](mailto:info@mambec.com))  
[www.mambec.com](http://www.mambec.com)

## MAMBEC™ REGISTRATION FORM

Program: \_\_\_\_\_ Class Time\*: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ School: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

If the above are unavailable, in an emergency please contact: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Relationship to member: \_\_\_\_\_

Does the member have any medical conditions, diseases, or illnesses? Yes  No . If yes, specify: \_\_\_\_\_

Does the member require a lifejacket? Yes  No . If yes check the relevant boxes below:

Required for Cole Harbour Place's deep pool:  Required for Cole Harbour Place's shallow pool

Does the member have any allergies? If so, specify: \_\_\_\_\_

### MEDICATION

Is the member on any medications? Yes  No . If yes, what are they? \_\_\_\_\_

Is the member required to take medication while at MAMBEC™? Yes  No .

I \_\_\_\_\_ hereby authorize the MAMBEC™ Day Camp Leaders to give the following medications to the member while she/he is at MAMBEC™.

Name of Medications: \_\_\_\_\_

Dosage (#of pills): \_\_\_\_\_

Hour of day to be delivered: \_\_\_\_\_

 \_\_\_\_\_  
Member, and/or Parent's/Guardian's signature for consent

\_\_\_\_\_  
Date

**Sign above, Please Turn Over and Sign the Back**

*MAMBEC Has a No Refund Policy*

*\$35.00 Cost for NSF Cheques*

## TERMS AND CONDITIONS

- 1) The member agrees while using the facility or any of the services provided by the facility, he/she will not conduct himself/herself in any way, which presents a danger to, or create a nuisance for the instructor or any other persons using the facility.
- 2) The member must have a valid membership to participate in class or other activities.
- 3) The member agreement can be cancelled at any time by the facility if the member is deemed to be.  
(1) Posing a danger to the facility, its employees, or members; (2) a nuisance to the operation of the facility.
- 4) No member shall be permitted into classes or other activities if his/her account is considered delinquent.
- 5) The facility shall have the right to demand full payment of any outstanding balance. The member shall make all requested payments before regaining access to the facility.
- 6) LIMITATION OF LIABILITY: MAMBEC's™ and any of its instructors', employees' and agents', and any person's using the facility, liability for personal injury, disease, deterioration of health, illness or aggravation of ill health, or lost, stolen or damaged property, for any claim whether in contract, warrant, negligence, tort, strict liability or otherwise loss arising out of, connected with, or resulting from this contract or the performance or breach thereof, or from any services rendered in connection therewith, shall in no case exceed the fees payable pursuant to this contract, and any remedy arising therefrom shall not exceed refunding of such fees.
- 7) The member acknowledges the facility is not liable for any theft or damages of his/her personal items, which may occur at the facility.
- 8) The member warrants that he/she is in good condition or has obtained the express approval of a physician to engage in physical activities such as offered by the facility. The instructors retain the right to deny access to any member who has open cuts, infections, illnesses, or communicable diseases.
- 9) The member is not entitled to assign this agreement of his/her membership to any other person.
- 10) The term "member" includes his/her parent(s) or guardian.
- 11) We have a no refund policy.
- 12) \$35.00 charge for all N.S.F. cheques. There is also a \$25 Late fee for Before/After-School payments received after the 20<sup>th</sup> of each month.
- 13) By signing this form, I hereby give MAMBEC™ and its legal representatives and assigns, the right and permission to publish, for use in advertising and promotion, photographs taken. These photographs may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways. All information is held in confidence and is never released or sold.
- 14) All MAMBEC™ Students are registered members of Karate Nova Scotia in association with Sport NS.
- 15) All MAMBEC Students and instructors agree to wear a uniform (gui) with the MAMBEC Logo. Any students entering the MAMBEC studio without a proper uniform and logo may be asked to leave until a proper uniform/logo is acquired. MAMBEC sells uniforms with the MAMBEC Logo.
- 16) By signing this form, you agree to you child being photographed.

I hereby wish to become a member of MAMBEC™. I agree to abide by its rules, terms, and conditions, and I will uphold the spirit and traditions of MAMBEC™.



Signature of Parent/Guardian

Date

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