Kita Kaze

APPLICATION AND REGISTRATION FORM

Name_____
Surname Given names

Date of Birth _____ **Telephone** (H)_____(W)_____
day/month/year

E-mail _____

Address_____

Name of Parent or legal guardian if applicant under 18 years of age:
_____ **Telephone** _____

Karate **Experience** if any

_____
Rank Style Dojo

Medical Conditions
Do you have any medical conditions such as asthma, diabetes, hypoglycaemia?
Please list, including treatment required in case of emergency.

_____

_____

I, _____ hereby make application for probationary and full membership in the Kita Kaze Karate Club and upon acceptance I sincerely pledge to obey all the rules and regulations which were formulated for the purpose of keeping order in the club and for the protection of pupils from injury. I further acknowledge and understand that a risk of personal injury is involved that requires my strict adherence to these rules and regulations and to the instructor's discipline.
In consideration of accepting my application and in further consideration of the weekly, monthly or yearly fees required by the rules and regulations for participation in the club activities, I, my heirs, executors and administrators do hereby forever release, remise and discharge the Kita Kaze Karate Club, its directors, Instructors, members and guests from all responsibilities and all claims for injury that I may receive while practicing karate; and the parent or guardian of the applicant hereby requests that this application be accepted, and in consideration of this acceptance and the monies to be paid, hereby agrees to indemnify the Kita Kaze Karate Club, its directors, Instructors, members and authorized guests, of and from all manner of claims made by or on behalf of the applicant.

_____ _____ _____
Applicant's signature Date Parent or Guardian's signature if under 18