



Avalon Karate

Registration Form



Date: _____ Child 4-11yrs. Teen 12-17yrs Adult 18rs & older Trial Full Registration

Program:

- "Little Dragons" 4-7 yrs [1 class/wk] Preferred : MQP Sun Tue. RON Wed Fri
- Chito Ryu karate -Jr A: Children Beginners 7-11 yrs [2 class/wk] MQP Sun Tue. RON Wed Fri
- Chito Ryu karate -Jr B: Children Experienced 7-11 yrs [2 class/wk] MQP Sun Tue. RON Wed Fri
- Chito Ryu karate -Sr: Teens & Adults - Beginners & Exper'd [2 class/wk] MQP Sun Tue. RON Wed Fri

Parent/Guardian/Adult: EMAIL address: _____

Name: _____ (M/F) __ Age: __ Birth (dd/mm/yyyy): _____

Address: _____ P-Code: _____ Tel: (H) _____ (Cell) _____

Medical History: Medications, Allergies, Previous Injuries ... (attach note if more information required):
 _____ MCP (Health Care) #: _____

Emergency Contact Name(s): _____ Tel #: _____ Relationship: _____

Previous Martial Arts Experience & Dates (attach note if more information required): _____

Have you ever been refused admission/expelled from any other martial arts club? Yes _____ No _____

Terms & Conditions of Membership: I hereby apply for membership in the Avalon Karate Club to learn and practice Chito-Ryu Karate. I acknowledge and understand that a risk of personal injury is involved and hereby agree as a condition of my participation that I voluntarily assume all risks of accident, injury, or damage to my person and/or property. I hereby agree not to hold the Avalon Karate Club, its executive, administration, instructors, coaches, members, students and authorized guests responsible for any injuries that I may sustain in participating in karate. I hereby agree to indemnify and save harmless the Avalon Karate Club, its executive, administration, instructors, coaches, members, students and authorized guests, of and from any liability of any nature whatsoever, arising out of or in any way connected with any claims or demands related to my participation in karate. I declare that I am in good health and have no physical or health problems that would place me at risk or in danger by participating in karate. I recognize that karate is physically demanding and I have been advised that if there is any doubt as to my health and fitness, then I should see a physician to verify that I am able to participate in karate training. I consent to the collection, use and disclosure of my personal information by Avalon Karate for the purposes of karate registration, instruction, training, clinics, gradings and tournaments. I hereby agree to abide by rules, regulations and policies of the Avalon Karate Club and the associations which govern it. I state that the information contained on this application is complete, accurate and correct.

Applicants' Signature: _____ Date: _____

If Applicant under 19 years of age: I hereby consent to my child, _____, receiving karate instruction under the terms and conditions as set out above and in consideration of the acceptance of this Agreement by the Avalon Karate Club. I recognize that karate training is physically demanding and I attest to the good health and fitness of my child to participate in this training. I certify that my child has no physical or health problems that would make such participation dangerous. I hereby agree to indemnify and save harmless the Avalon Karate Club, its executive, administration, instructors, coaches, members, students and authorized guests, of and from any liability of any nature whatsoever, arising out of or in any way connected with any claims or demands made by or on behalf of _____ (child).

Parent's/Guardian's Name: _____ Relationship _____ Tel _____

Signature: _____ Date: _____

Signature of Chief Instructor (Sensei): _____ Date: _____

The Avalon Karate Club reserves the right to refuse or terminate membership to anyone who demonstrates behaviour or attitude contrary to the peaceful spirit and harmony of Chito Ryu Karate-do.