



Avalon Karate

Registration Form Summer 2018



Step 1: Fill out general information:

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 _____

Step 2: Check the programs you wish to register for and what nights you wish to attend:

Little Dragons 4- 7 yrs. [1 class/wk.]

Pick one:

Tuesday _____ Thursday _____

Chito Ryu Karate Beginner Class 6-11 yrs. [2 class/wk.]

Monday & Wednesday _____

Chito Ryu Karate Experienced Class 6-11 yrs. [2 class/wk.]

Pick two:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Chito Ryu Karate Senior Class 12 yrs. + [2 class/wk.]

Pick two:

Sunday _____ Monday _____ Wednesday _____ Thursday _____

Chito Ryu Karate Black Belt 14 yrs. + [2 class / wk.] + [1 Bl. Belt Class]

Pick two:

Sunday _____ Monday _____ Wednesday _____ Thursday _____ Sunday Black Belt Class _____

Jr. Ryu Kyu Kobujutsu 13 yrs. & Under [1 class/ wk.]

Sunday _____

Sr. Ryu Kyu Kobujutsu 14 yrs. + [1 class/wk.]

Tuesday _____

Jr. WKF Kumite Training 13 yrs. & Under [1 class/wk.]

Monday _____

Sr. WKF Kumite Training 14 yrs. + [1 class/wk.]

Wednesday _____

Jr. WKF Kata Training 13 yrs. & Under [1 class/wk.]

Tuesday _____

Sr. WKF Kata Training 14 yrs. + [1 class/wk.]

Thursday _____



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Step 3: Sign the appropriate terms and conditions:

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 behavior or attitude contrary to the peaceful spirit and harmony of Chito Ryu Karate-do.