



Dynamic Karate Association of Alberta



Session Registration form. Dated: _____

Students Name (please print all information)	Date of Birth (dd/mm/yy)		

Address: _____ City: _____ Postal Code: _____

Email: _____ Phone Number: _____
(Have notices and newsletters emailed directly to you. Save time and paper)

How did you find out about Dynamic Karate? A Friend Poster Community Newsletter School
 Other _____

Class Fees (Per Session):

- Kids (ages 6 -12) \$ 165
- Youth Junior (ages 13-17) \$ 165
- Adult \$ 205
- Family Maximum \$ 500

Uniforms

- Size 0 – 000 (\$40)
- Size 1 – 3 (\$45)
- Size 4 – 6 (\$50)
- Size 7 – (\$55)
- Heavy Cotton (\$160)

Sparring Gear

- Hand Pads (\$35)
- Foot Pads (\$55)
- Groin Protection (\$15)
- Mouth Guards (\$15)

Total Paid:\$ _____ eTransfer to darren@dynamickarate.ca

Please make cheques payable to: **Dynamic Karate Association of Alberta or eTransfer darren@dynamickarate.ca**

Questions – call 208-5662 or email info@dynamickarate.ca

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Medical Information. Please provide any medical information the instructors should be aware of.

WAIVER OF CLAIM

Please read thoroughly and carefully before signing.

In consideration of permission, granted now and in the future, to the Dynamic Karate Association. I agree and acknowledge that

(Student's name) _____ (Student' Name) _____

(Student's name) _____ (Student' Name) _____

1. I have met all the prerequisites required to participate in Karate.
2. I will take every precaution to ensure COVID protocols are followed. I understand that the Shintani Wado Kai Karate Insurance does not cover COVID.
3. I will stay home if I am not feeling well.
4. I will abide by the rules, regulations and decisions imposed on the participants of this Karate program.
5. I recognize there are risks and hazards inherent in the very nature of the Karate and that as a result of these risks and hazards, I, as a participant may suffer accident, personal injury including death, as well as loss or damage to personal property. I nevertheless freely and voluntarily assume the aforesaid risks and hazards and accordingly my participation in the Karate shall be entirely at my own risk.
6. I agree now and in the future to indemnify, hold and save harmless from any claim (including medical expenses), liability, suit, action or other proceeding of any kind arising from my participation in Karate training. Dynamic Karate Assoc. Of Alberta and their officers, agents, employees, instructors, fellow participants or authorized guests.
7. The Karate officials may secure such medical advice and services as they, in their sole discretion, may deem necessary for my health and safety and I shall be financially responsible for such advice and services.
8. This INFORMATION, WAIVER OF CLAIM and ASSUMPTION OF RISK is binding on myself, my heirs, my executors, administrators, personal representatives and assigns.
9. I freely and voluntarily assume any risks and hazards inherent to Karate and, accordingly, the participation in Karate shall be entirely at his/her own risk.
10. Will waive any claim against the Dynamic Karate Association of Alberta and the facility of training arising from participation in Karate and agree to indemnify and save harmless the Dynamic Karate Association of Alberta for any, including any claim for medical services arising from the participation in Karate.
11. The Dynamic Karate Association of Alberta may secure such medical advice and services as it, in its sole discretion, may deem necessary for the health and safety and shall be financial responsible for such advice and services.
12. This waiver of claim is binding on the participants, their heirs, executors, administrators, personal representatives and assigns.
13. Pictures may be taken during classes, workshops, tournaments or other functions for the purpose of advertising which may include the Dynamic Karate Association of Alberta's website or other Association marketing materials. Students acknowledge and agree that their photos can be used for this purpose.
14. The Dynamic Karate Association of Alberta is collecting this information in accordance with the Personal Information Privacy Act (2003). We will use this information to maintain membership lists under the requirements of the Societies Act (1980), to provide phone/email lists to members, to contact members with information about the club, the Shintani Wado Kai Karate Federation, the World Kobudo Federation, and the World Traditional Karate Association Of Canada, in the event of an emergency. We will not share this information with any third parties without prior written consent. By signing this form, you consent to this use of the information you provide.

PARENT'S SIGNATURE: _____ DATE: _____
Under 18 years of age

PARTICIPANT'S SIGNATURE: _____ DATE: _____
Over 18 years of age