



Hampton Karate

A Chito-Ryu Dojo

Registration Form



Please Note: All children under the age of 12 must have a parent or guardian present in the gym at all times. If you are not taking part in the class, you still must remain in the gym while your child participates in class.

Name: (Parent or Guardian) _____
 Address _____
 City: _____ Postal Code: _____
 Phone: _____ E Mail: _____

Full Name	Relationship	Gender	Birth Date (DD/MM/YYYY)	Rank (Belt Color)	Amount
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
				Total:	\$

Important Message to all Parents and Students

In order to protect the instructors of the club from all manner of claims made by students with regard to their state of health and possible complications arising from Karate, we would appreciate the completion of the questions below. Please indicate any other health/medical concerns on this sheet or attach a more complete statement if required.

Please Select YES or NO to each question. Please give details for all "YES" answers.

Description	Select	Details
1. Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Nervous or Mental condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Any disorders of muscles, joints or bones	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Epilepsy, dizziness, fainting, severe headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Heart problems, asthma, emphysema or any disorder of the lungs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Do you wear a Medic Alert bracelet and for what reason	<input type="checkbox"/> Yes <input type="checkbox"/> No	

The answers by me are complete and true, I hereby agree to indemnify Hampton Karate and its instructors and members of and from all manner of claims made by or on behalf of the student(s) named above.

Date _____ Signature _____
 Applicant (or Parent/Guardian if under age)

Over....

Participant's Indemnity and Release

The undersigned acknowledges and agrees that:

- Karate can be physically and mentally challenging,
- Karate is practiced without protective clothing and equipment,
- I am participating voluntarily in karate activities, events, & training, thereby exposing myself to risks and hazards,
- I agree to accept these risks and hazards and be responsible for any injury, damage or other loss which I might receive,
- There are physical risks and hazards inherent in karate including, but not limited to, injuries resulting from ongoing physical contact with the instructor and other students, striking objects with parts of the body; tumbling, falling, or being thrown to the floor; strenuous cardiovascular workouts; exerting and stretching various muscle groups; executing self-defense escapes & techniques; and additional risks associated with travel to & from competitive events and associated with non-competitive events which are an integral part of karate activities,
- Injuries sustained in karate can be severe.

In consideration of acceptance of my membership (or the membership of my child or ward) in Hampton Karate, New Brunswick Chito-Ryu Association (NBCRA), Canadian Chito-Ryu Karate-do Association (CCRA), &/or Karate New Brunswick (KNB) and Karate Canada, or my being permitted to participate in the activities sponsored by or carried on by any of these organizations,

I, _____ agree to keep indemnified, release and save harmless any and all of the Hampton Karate, NBCRA, CCRA, KNB, & Karate Canada, and any of these organizations' member clubs, organizers, respective directors, agents, officials, instructors, servants and representatives from and against all claims, actions, costs, expenses and demands with respect to injuries, death, loss or damage to my person or property (or to the person or property of my child or ward) howsoever caused, arising out of or in connection with my membership in and/or participation in classes, competitions, tournaments, demonstrations, or any other activities hosted, arranged, sponsored or held by any or all of the above named organizations and notwithstanding that the same may have been contributed to or occasioned by the negligence of the said organizations or any of them, their agents, officials, servants, or representatives. It is understood and agreed that this Participant's Indemnity and Release is to be binding on myself, and my heirs, executors and assigns.

In witness whereof I have hereunder set my hand and seal this _____ day of _____, 20____.

Signature (parent/guardian in the case of a minor)

Witness

EMERGENCY CONTACT INFORMATION	
Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____