



Individual Registration (Mail original with payment)

MEMBER INFORMATION

Club: Renewal [] New member [] Change Rec>Spar []
First name: Last Name: Male [] Female []
Street address: Unit# Are you under 18? No [] Yes []
City: Province: Phone: Email:

MEMBERSHIP TYPE check all that apply

[] Club owner
[] Recreational member (non-sparring)
[] Sparring member (Competitive and non-competitive) To compete in Ring Sports, you must also submit a CASK Medical form.
[] Official Have you taken the CASK Official's Course? No [] Yes [] year: _____
[] Coach Have you taken the Level 1 CASK Coaching Course? No [] Yes [] year: _____
Have you submitted your police check? No [] Yes, attached [] Yes, within last 3 years []
Have you submitted your first aid? No [] Yes, attached [] Yes, within last 3 years []

PAYMENT

[] \$10 for Recreational member (no sparring) [] Cheque payable to Council of Amateur Sport Kickboxing (CASK)
[] \$45 for Tatami Athletes (point, forms, weapons only) [] Credit card (VISA/Mastercard only) Name on card:
[] \$75 for Club Owner/Official/Coach/Sparring member/Athlete Card #: Exp date:

ACKNOWLEDGEMENT OF MEMBERSHIP REQUIREMENTS

I, the undersigned, acknowledge that my membership requires that I understand and adhere to the rules and policies of the Council of Amateur Sport Kickboxing. Failure to do so will result in my removal from specific activities and/or from membership. I give permission for any image of myself, taken by officers/staff/volunteers of the Council of Amateur Sport Kickboxing at approved events, to be used for promotions and publications of the organization in accordance with the Council of Amateur Sport Kickboxing's Privacy Policy.

ACKNOWLEDGEMENT OF RISKS

I, the undersigned, acknowledge and recognize the following aspects as relates to my participation in any and all events related to the activities of the Council of Amateur Sport Kickboxing; I am familiar with and accept that there is always the risk of serious injury and death resulting from participation in any organized recreational activity, including the demonstrations, competitions and like activities offered as part of the program of the Council of Amateur Sport Kickboxing; I understand that all applicable rules of safety regarding my participation must be followed; I will immediately remove myself from participation, and notify the nearest official if at any time I sense or observe any unusual hazard or unsafe condition or if I experience any problems in my physical, emotional or mental fitness, or that of my equipment.

Signed: dd _____ / mm _____ / yy _____ at (city) _____, Canada

Parent/Guardian Name (print)

Member Name (print)

Witness Name (print)

Parent/Guardian Signature

Member Signature

Witness Signature



International Federation

BUREAU NATIONAL / NATIONAL OFFICE

5008 South Service Road, Burlington, Ontario, CANADA, L7L 5Y7
Phone: 905-681-9815 - Email: nhq@kickboxingcanada.org

