Application Form

First Name: _____ Date Of Birth (D)_____(M)_____(Y)_____

Family Name: _____

Address: _____ *Phone Numer: (Res): (_____) _____-_____

_____ (Mobile) : (_____) _____-_____

_____ *Email Address: _____

CIty Postal Code

*Person to be contacted in emergency: (Tel) (_____) _____-_____ Relationship: _____

*Medical Infomation: Medical History , Concerns? _____

Allergies? _____

Previous injuries/surgeries? _____

Are you taking medication? _____

*IN CASE OF EMERGENCY, WILL_____ WILL NOT_____ ALLOW STAFF WHO ARE CERTIFIED IN FIRST AID, TO ADMINISTER FIRST AID ON MYSELF OR MY CHILD.

Registration for the following Program: Karate____ Bootcamp_____ Personal Training _____ Other _____

How did you find out about us? Friend _____ Facebook _____ Instagram_____ TV_____ Newspaper _____ Other_____

Photo and Media Disclaimer

2743425 Ontario Inc otherwise referred to Kan-Zen-Kai in this document. Kan-Zen-Kai reserves the right to use any photograph/video taken at any event or class, without the expressed written permission of those included within the photograph/video. Kan-Zen-Kai may use the photograph/video in publications or other media material produced, used or contracted by Kan-Zen-Kai including but not limited to: brochures, social media, invitations, books, newspapers, magazines, television, websites, etc.

To ensure the privacy of individuals and children, images will not be identified using full names or personal identifying information without written approval from the photographed subject, parent or legal guardian.

A person attending Kan-Zen-Kai event or class who does not wish to have their image recorded for distribution should make their wishes known to the photographer, and/or the event organizers, and/or contact Kan-Zen-Kai Karate at 117 Doncaster Ave, Thornhill, Ontario L3T 1L6 or call (905) 886-4040.

(Note: 1 Before starting any training program, please check with your physician if you have any chronic medical conditions or if you are above 35 years of age and not used to being very active.
2.Medical information is confidential and is available only to authorized individuals).

Signature:_____ Signature_____

Parent signature if under 18 years

Date of Registration: _____