

Dynamic Karate Association of Alberta



Students Name (please	print all informatior	n) Date of Birth (dd/mm/yy)	
ress:		City:	Postal Code:
l:		Phone Num	ber: nd paper)
(Have notices and new	vsletters emailed d	irectly to you. Save time ar	nd paper)
did you find out about Dyr Other		A Friend □ Poster □ Con	nmunity Newsletter
ss Fees (Per Session):		Uniforms	Sparring Gear
(ids (ages 6 -12)	\$ 165	Uniforms □ Size 0 – 000 (\$40) □ Size 1 – 3 (\$45)	☐ Hand Pads (\$35)
routn Junior (ages 13-17) Adult	\$ 165 \$ 205	□ Size 1 – 3 (\$45) □ Size 4 – 6 (\$50)	☐ Groin Protection (\$15)
Family Maximum	\$ 500	□ Size 7 – (\$55) □ Heavy Cotton (\$160)	□ Mouth Guards (\$15)
early Shintani National Re	gistration \$75 per	person (Send to national o	rganization).

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

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

- over -



Dynamic Karate Association of Alberta



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

WAI	/ER OF CLAIM			
Please	read thoroughly and carefully before signing	g.		
In cons	sideration of permission, granted now and in	the future, to the Dynamic Karate Association. I agree and		
acknov	vledge that	·		
(Studer	nt's name)	(Student' Name)		
(Student's name)		(Student' Name)		
	I have met all the prerequisites required to participate I wiill take every precaution to ensure COVID protocollusurance does not cover COVID. I will stay home if I am not feeling well.	e in Karate. ols are followed. I understand that the Shintani Wado Kai Karate		
4. 5.	I, as a participant may suffer accident, personal injury	posed on the participants of this Karate program. very nature of the Karate and that as a result of these risks and hazards, y including death, as well as loss or damage to personal property. I said risks and hazards and accordingly my participation in		
6.	I agree now and in the future to indemnify, hold and s	save harmless from any claim (including medical expenses), liability, suit, y participation in Karate training. Dynamic Karate Assoc. Of Alberta and participants or authorized quests.		
7.	The Karate officials may secure such medical advice my health and safety and I shall be financially respon	and services as they, in their sole discretion, may deem necessary for sible for such advice and services.		
8.	This INFORMATION, WAIVER OF CLAIM and As administrators, personal representatives and assigns	SSUMPTION OF RISK is binding on myself, my heirs, my executors		
9.	I freely and voluntarily assume any risks and hazards entirely at his/her own risk.	s inherit to Karate and, accordingly, the participation in Karate shall be		
10.		sociation of Alberta and the facility of training arising from participation in Dynamic Karate Association of Alberta for any, including any claim for late.		
11.		ure such medical advice and services as it, in its sole discretion, may		
	This waiver of claim is binding on the participants, the Pictures may be taken during classes, workshops, to	eir heirs, executors, administrators, personal representatives and assigns. urnaments or other functions for the purpose of advertising which may website or other Association marketing materials. Students acknowledge		
14.	The Dynamic Karate Association of Alberta is collectin (2003). We will use this information to maintain mem phone/email lists to members, to contact members withe World Kobudo Federation, and the World Tradition	ng this information in accordance with the Personal Information Privacy Actorists bership lists under the requirements of the Societies Act (1980), to provide with information about the club, the Shintani Wado Kai Karate Federation and Karate Association Of Canada, in the event of an emergency. We will ut prior written consent. By signing this form, you consent to this use of the		
PARENT'S SIGNATURE: Under 18 years of ac		DATE:		
	Under 18 years of age			
PARTICIPANT'S SIGNATURE:		DATE:		

Over 18 years of age