



JAPAN KARATE ASSOCIATION WORLD FEDERATION OF CANADA

MEMBERSHIP REGISTRATION

DOJO: World Class Karate Academy

REGISTRATION NO.

FEDERATION REGION: Japan Karate Association World Federation of Ontario
(PROVINCE)

LAST NAME:

FIRST NAME:

STREET:

CITY:

PROV:

POSTAL CODE:

EMAIL ADDRESS:

BIRTH DATE: D: M: Y:

MALE/FEMALE

RES. TEL:

BUS. TEL:

| | | | | | | | |
|-------|-----|--------|-------|--------|--------|-------|---------|
| RANK: | KYU | SHODAN | NIDAN | SANDAN | YONDAN | GODAN | ROKUDAN |
| DATE: | | | | | | | |

HEALTH RECORD:

If you have any handicap and/or illness (physical and/or mental) please specify:

RELEASE AND WAIVER

In CONSIDERATION of the above names ("Dojo") accepting my application as a member and my registration as a member of the above named ("Federation Region") and the Japan Karate Association World Federation of Canada ("JKA WF Canada"), I hereby for myself, my heirs, executors, administrators and assigns release and forever discharge the Dojo, Federation Region, JKA WF Canada and any member dojo registered with the JKA WF Canada (Member Dojo) and their respective instructors, guest instructors, directors, officers, executive members, employees, agents and servants and their respective heirs, executors, administrators, successors and assigns from any claims, demands, damages, actions or causes, courses, tournaments or events, wherever located, including travelling to and from the event conducted by the Dojo, Federation Region, JKA WF Canada, or any member dojo, or arising from any knowledge, skill, or karate technique or exercise which I have learned or have been taught in connection with my participation in any classes, courses, tournament or event, notwithstanding any such loss, injury or damage which may have arisen by reason of the negligence of the Dojo, Federation Region, JKA WF Canada or any member dojo and their respective instructors, guest instructors, directors, officers, executive members, employees, agents and servants. I also agree to indemnify the Dojo, Federation Region, JKA WF Canada and any member dojo and their respective instructors, guest instructors, directors, officers, executive members, employees, agents and servants from any claims and demands which might be made against the Dojo, Federation Region, JKA WF Canada or any member dojo arising out of or in consequence of my attendance or participation in the said classes, courses, tournament or event or from my knowledge of any karate technique or exercise.

I FURTHER state that I am in proper physical condition to participate in the practice of karate and am aware that participation could result in physical injury.

DATED THIS _____ DAY OF _____ 20____ SIGNATURE OF APPLICANT _____

GUARDIAN

If the undersigned is the parent or legal guardian of the above described member and hereby agrees and consents to the attendance or participation by the member in any classes, courses, tournament or event conducted by the Dojo, Federation Region, JKA WF Canada and any member dojo subject to the release and waiver.

Signature of Parent/Guardian (if applicant is under 18 years of age)