

Registration Information

Member Information

First Name: _____ Date of Birth: (yyyy/mm/dd) _____

Last Name: _____ Gender: _____

Height (inches): _____ Weight (lbs): _____ (Required for uniform sizing)

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Primary E-mail Contact: _____ (please print clearly)

Mother's Name (if under 18): _____

Father's Name (if under 18): _____

Primary Emergency Contact

Name: _____ Relation: _____

Address: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Physician Contact Information

Name: _____ Phone #: _____

Please list any previous martial arts training (style/ belt level) _____

Acknowledgement and Release

I understand and am aware that martial arts training, strength, flexibility, and aerobic exercise, including use of equipment is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment with knowledge of dangers involved.

I acknowledge that if I am suffering from any health condition, impairment, or illness that may be affected by my participation in any of the above mentioned activities, I must receive my physician's approval before engaging in activity. If I decide to participate without the approval of my physician I do hereby assume all responsibility.

I hereby release Markham JKA, its officers, directors, consultants, employees, agents, successors and assigns from any and all damages sustained in consequence of loss, injury or damage to any person or property and from any of all actions, causes of action, and claims of any nature arising from the use of the facilities of this company.

I understand and agree that this waiver shall be binding upon my heirs and my personal representatives.

I understand that I have read this contract and sign it in agreement to its terms. IN WITNESS WHEREOF the parties have executed this agreement.

IF THE APPLICANT IS UNDER EIGHTEEN (18) YEARS OF AGE:

I, _____(parent), the _____(parent/guardian?) of the Applicant, hereby agree to the terms of this application for membership as set out on behalf of _____(student), and hereby agree to indemnify and save harmless Markham JKA, its officers, directors, members, servants, agents and employees from any liability of any nature or kind whatsoever arising out of or in any way connected with any claims, demands or legal recourse made by or on behalf of the Applicant.

DATED at MARKHAM, ONTARIO THIS _____ DAY OF (month) _____, (year) _____

Member's Signature or Parent's Signature (if member is under age of 18)

Witnessed by