

Trinity Go Ju Kai Karate Club - Registration Form

Please see subsequent pages for signature line and privacy statement



First Name: _____
Last Name: _____
Address: _____
City: _____
Postal Code: _____
Telephone: (780) _____
Email Address: _____

Health Care #: _____

If a valid AHC # is NOT provided, it MAY limit the care provided in an emergency.

Recommended minimum age for students to start with the Trinity Go Ju Kai Karate Club is **8 years old**.

Are you 18 years or older? Yes / No (circle one)

If "no", please indicate date of birth: (mm/day/yr) _____

If "no" please review this form with a parent or guardian, who must indicate their acceptance and your agreement by signing the form.

Are there health concerns which the instructors should know or which either limit your participation or may pose a risk for you OR others when participating? Yes / No

If "Yes", please provide details:

Signature of Executive Member and /or Sensei acknowledging the restriction:

General Information

How did you hear about the club?

Website Yes / No

Friends Yes / No

Mall Displays Yes / No

Newspaper ad Yes / No

Other _____

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Student Waiver

I hereby acknowledge that during the course of instruction, instructors or students of the Trinity Go Ju Kai Karate club and /or other participants or authorized persons will be engaged in a course of conduct requiring physical contact (possibly heavy contact or body manipulation that may cause injury) and give full consent to such contact as is required by training.

I acknowledge that as a participant I will engage in activities such as kumite (controlled fighting), kata (forms), fundamentals (basic techniques), warm up exercises, other activities in the course of training (punching bags, etc.) and on occasion board/brick breaking. I recognize that during these activities I could experience some injuries such as, but not limited to: bruises, strained/pulled muscles, strained / pulled tendons or ligaments, bleeding nose, sprains and/or broken bones.

I hereby acknowledge that there is a known risk in participating in martial arts. I agree to assume this risk and agree to release the Trinity Go Ju Kai Karate club and its instructors, executive and /or its students, from liability for any damages, personal injury, etc. not caused by or resulting from the negligence of the instructors or persons in charge of such training or that I am training with. I understand that I do not have to participate in any activity or training exercise that I feel is not in my best interest. I am aware that I should seek medical advice before beginning this exercise program and that I am solely responsible for maintaining an appropriate exercise pace.

I hereby acknowledge that the techniques learned may not be effective against all assailants, under all conditions, and that the effectiveness of these techniques depends to a large degree upon personal ability to properly apply what is learned in class.

I understand clearly by signing this document that I freely and voluntarily assume all the risks and chose to participate in the activities offered.

Student Etiquette Statement:

I have reviewed the expectations for participating in the classes with Trinity Go Ju Kai members and I agree with the spirit of training offered and the limitations noted therein.

For my part, I agree to follow the following rules:

To treat my fellow students with respect,

To listen carefully and seriously to my Sensei (teacher) and Sempei (Senior Students)

To always tell my Sensei or Sempei if I am injured or not feeling well prior to class,

To treat the dojo with respect,

When an instructor calls for training to begin, line up smartly, facing the front of the dojo.

Always be polite to my instructors, senior students and elders.

To never practice, apply or show-off karate outside of the dojo or home

To realize I represent the karate club in all respects and in all places, **including school**, this means I will, at all times, show respect to others (children and adults) and to be diligent in my work.

Please ensure you read and understand the statements contained on this page before signing.

Please note that each form is individual and only one student may sign each form. (i.e. one form for each person.)

Name of Student (please print): _____

Signature of Student: _____

(Regardless of age, **ALL STUDENTS** must acknowledge expectations)

Name of Guardian: _____

(if the student is under 18 years of age) (please print)

Signature of Guardian: _____

(if the student is under 18 years of age)

DATE SIGNED: _____

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PUBLICITY WAIVER FORM

From time to time videos or photographs may be collected during classes, tests, or special events. In addition to the use as personal training aids or club memorabilia collected for historical purposes, photos or video images of students may be incorporated into various forms of advertising for the club. Your signature below provides us with your informed consent, allowing the club to incorporate these items into newspaper ads, brochures, club website pages, or other forms of sharing information.

Please note that each form is individual and only one student may sign each form. (i.e. one form for each person.)

Name of Student (please print): _____

Signature of Student: _____
(Regardless of age, **ALL STUDENTS** must acknowledge expectations)

Name of Guardian: _____
(if the student is under 18 years of age) (please print)

Signature of Guardian: _____
(if the student is under 18 years of age)

DATE SIGNED: _____

If you have any questions please call Bruce at (780)467-6903. Thank you.

We protect and respect your privacy. The information collected on this form will be used at the discretion of the Club Instructors and Executive. Information is not provided for any other reason, or sold. For further information regarding our privacy policy please see our privacy officer.