

Signature: \_

### **REGISTRATION FORM**

# Session:

\_ Date:\_\_

Full Name:					
DOB:	Gender: F□ M□				
Full address:					
OHome OWork ph:		Cell ph:			
E-mail:	Emergency contact:				
Do you give us permission to use your email for	communications and im	nportant information: 🚨	Yes □ No		
Any allergies / medical / cognitive co	nditions:				
LEVEL: Little Tigers (Springbank Dojo	only) 🗌 Beginners	□Intermediate	☐ Advanced ☐ Karate-able		
	COUGAR	RIDGE DOJO:			
	,	ерт. 2017 то <u>June 2018</u>			
(Three months sessions are: Oct. to Dec / Jan. to	o Mar / Apr. to June*. Th	nese months can be moc	lified depending on your registration month)		
<b>FEES:</b> ☐ Annual membership color belts: \$70 (mandatory) ☐ Blace			annual membership: \$100 (mandatory)		
Registration fee covers the	ne month of Septemb	oer: \$95 + gst (only if re	gistering for September class)		
O Children - 3 months* \$255 + gst or O Children Full year** (10 r			r** (10 months) \$825 + gst		
O13 and up - 3 months* \$285 + gst or		O13 and up Full year** (10 months) \$950 + gst			
Mondays		Wednesdays			
6:30pm to 7:15pm (All levels/beginners)		6:30pm to 7:15pm (All levels/beginners)			
7:15pm to 8:00pm (interm. & adv. Kata and/	/or Kumite) 7:15pm to 8:00pm (interm. & adv. Kata and/or Kumite)				
		SANK DOJO:			
		БЕРТ. 2017 ТО <u>JULY 2018</u>			
		These months can be modified depending on your registration month			
FEES: Annual membership color belts:		<del>_</del>	annual membership: \$100 (mandatory)		
	Registration fee covers months of Sept. 17' and July 18' \$170 + gst (only if registering for September				
O Little Tigers - 3 months* \$					
O Children - 3 months* \$2 O 13 and up - 3 months* \$	•		ear** (11 months) \$970 + gst		
Tuesdays		sdays	Saturdays		
4:30pm to 5:15pm (Beginners children)	4:30pm to 5:15pm (Beginners children)		9:15am to 10am (Little Tigers)		
6:15pm to 7pm (Beginners & Karate-able)	6:15pm to 7pm (Beginners & Karate-able)		☐ 10:15am to 11am (All levels)		
7:15pm to 8:15pm (Interm. & Adv. Kumite)	7:15pm to 8:15pm (Interm. /Adv. Kata)		11:15am to 12pm (High perform.)		
8:15pm to 9pm (Advanced)	8:15pm to 9pm (Advanced)				
Choose method of payment: ☐ Credit card ☐ Check * # *All checks should be payable to Osuna Kar		□ Cash			



# **Waiver Form**

	, parent/legal guardian of
(Name of parent/legal guardian if minor)	
	am fully aware of, and
(Name student if minor)	
Accept, all the risks and dangers involved in physical training. I hereb	by for myself, in case of injury due to training
or other activities in the space of the Calgary Waldorf School under	Osuna Karate Ltd. , do not hold the Calgary
Waldorf School, Osuna Karate Ltd. or WSKF of Canada accountable	responsible for or in consequence of any loss
or damage, however caused. I forever release, and for-ever discharg	e the Calgary Waldorf School, Osuna Karate
Ltd. and WSKF of Canada, their servants, agents, sponsors, supp	orters, members, employees, or volunteers,
from any and all claims, demands, damages, actions, or cause of a associated with training.	ctions arising out of or in dangers and risks
Signature (Signature of parent if student is minor):	Date:
Parent consent for me	dia & picture taking of a minor
Student's name:	
Student's name:I hereby consent to having:	's_ picture appear in electronic
Student's name:	's_ picture appear in electronic to release. I understand that his/her picture
Student's name:  I hereby consent to having:  media and/or print publications that Osuna Karate Ltd. might choose  may be on display in accordance with any of the above-mentioned ac	's_ picture appear in electronic to release. I understand that his/her picture
Student's name:  I hereby consent to having: media and/or print publications that Osuna Karate Ltd. might choose may be on display in accordance with any of the above-mentioned accordance may not be used in connection with his/her picture.	's_ picture appear in electronic to release. I understand that his/her picture ctivities. I further acknowledge that my child's
Student's name:	
Student's name:	
Student's name:	's_ picture appear in electronic to release. I understand that his/her picture ctivities. I further acknowledge that my child's eements of his/her parent or legal guardian to which may arise from the use of any pictures
Student's name:  I hereby consent to having:  media and/or print publications that Osuna Karate Ltd. might choose may be on display in accordance with any of the above-mentioned accordance may not be used in connection with his/her picture.  I hereby agree on behalf of the above named participant and with agreewaive any claims against Osuna Karate Ltd, and any staff member, was used in accordance with Osuna Karate Ltd. publications.  If at any time, I want my child's photograph to be removed from the Osuna printed media, I acknowledge that it is my responsibility to informaking of such material of this decision.	
Student's name:  I hereby consent to having:  media and/or print publications that Osuna Karate Ltd. might choose may be on display in accordance with any of the above-mentioned accordance may not be used in connection with his/her picture.  I hereby agree on behalf of the above named participant and with agreewaive any claims against Osuna Karate Ltd, and any staff member, was used in accordance with Osuna Karate Ltd. publications.  If at any time, I want my child's photograph to be removed from the Cord printed media, I acknowledge that it is my responsibility to information.	

KAA#_		



### **Karate Alberta Association**

# Application for Individual Membership

All first-time applicants to Karate Alberta must complete and sign this form. Print neatly. This information is used to create your personal membership card and mailing list. **Black Belts** must also fill out a National Karate Association Membership Application.

Name of Karate Cl	lub: OSUNA KARATE / V	W.S.K.F. Canada			
First Name:		Last Name:			
Address:					
City:	Province:	Postal code:			
Home Phone:		_ Work Phone:			
Email Address:					
Sex:	☐ F	- emale			
Age Category:					
Adult (18 or ov	er)				
Junior					
Name of Parents or G	uardians if applicant is under 18:	<u>:</u>			
Date of Birth (mmm/c	dd/yy):		:		
Last Rank (Dan or	Kyu) Attained:	Date:			
accepted, I agree to a		ship in the Karate Alberta Associa , Rules, Regulations, Codes and ation.			
Signature of Applicant		Date:			
Signature of Senior Cl	ub Instructor	Date			
our programs and the Na		ormation for maintaining your membe rmation will not be sold or provided to			
KAA Use Only					
	Member Number	Date Red	ceived		