



CLASS: Sunday: Rec Ctr 11:00 Monday: AJ McNeil School 6:00
 Wed: St Thomas Aquinas School 6:00 Friday: St. John XXIII School 6:00

WARNING! PLEASE READ ALL INFORMATION CAREFULLY. BY SIGNING THIS FORM YOU GIVE UP IMPORTANT LEGAL RIGHTS INCLUDING THE RIGHT TO SUE

(Please Type, or Print carefully – 2 Copies – one is your receipt)

NAME OF PARTICIPANT: _____

First Last

CURRENT BELT COLOR: _____ Height: _____ Ft. _____ In. _____ or cm. _____

HOME ADDRESS: _____ Postal Code: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

HEALTH CONSIDERATIONS: _____

EMERGENCY CONTACT: _____ # _____

ALBERTA HEALTH CARE #: _____

DATE OF BIRTH (YYYY / MM): _____

I have read this waiver and I agree to observe all the club rules and instructions and to follow the requests of instructors established for the purpose of maintaining order and protecting members from injury. I acknowledge that while Riverbend Karate Association strives to provide a safe training environment, karate is an activity that involves risk, including the possible risk of severe or fatal injury. I further agree that the members' likeness may be used from time to time in promotional media. I recognize the inherent risks and on behalf of myself, heirs and successors, hereby release the Instructors, Directors and other members of the Riverbend Karate Association and Edmonton Public/ Catholic Schools FROM ANY AND ALL LIABILITY for any injury, damage, loss, or expense, including liability for negligence, which I may suffer while participating in the club activities.

Dated at Edmonton, Alberta this _____ day of, _____ 20 _____

Applicant Signature: _____

Parent/Guardian signature if under 18 years: _____

Adult Witness: _____

The Riverbend Karate Association is collecting this information in accordance with the Personal Information Privacy Act (2003). This information will be used to maintain membership lists under the requirements of the Societies Act (1980), to contact members about the club or training times and in the event of an emergency with a member while training. This information will not be shared with any third parties except in case of medical emergency without prior written consent. By signing this form, you consent to this use of the information you provide.

PAID BY: CASH _____ CHEQUE \$ _____, # _____ VOUCHER _____ FEE TOTAL _____

NEW REGISTRANTS: HOW DID YOU HEAR ABOUT OUR CLUB?

- STREET SIGN POSTER WEBSITE
 LOCAL PAPER FRIEND OTHER