



2022

2023

CLASS:  Sunday: Terwillegar Rec Ctr 11:00  Monday: AJ McNeal School 6:00

Wed: St. Thomas Aquinas 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)**

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 /DD): \_\_\_\_\_

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 \$ \_\_\_\_\_, # \_\_\_\_\_  E-PAY \_\_\_\_\_ FEE TOTAL \_\_\_\_\_

NEW REGISTRANTS: HOW DID YOU HEAR ABOUT OUR CLUB?

STREET SIGN  
 FRIEND

POSTER  
 OTHER

WEBSITE