

# Canada Shotokan Karate Membership Registration Form *(Page 1 of 2)*



**PLEASE COMPLETE ENTIRE FORM, PRINT NEATLY & SUBMIT TO:**

**SKA Headquarters, 222 S. Hewitt Street, Los Angeles, California 90012 USA**

**Tel 213-437-0988 • Fax 213-437-0889 • Email: skahq@earthlink.net • Website: www.ska.org**

DATE: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DOJO: \_\_\_\_\_

CITY: \_\_\_\_\_ CSK RANK: \_\_\_\_\_ NUMBER OF SPECIAL TRAININGS: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ ORIGINAL START DATE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

HOME PHONE: (        ) MOBILE PHONE: (        )

WORK PHONE: (        ) EXT \_\_\_\_\_ FAX NUMBER: (        )

EMAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ DATE OF BIRTH:        /        /        SEX:    M    F

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: (        )

PREVIOUS TRAINING: \_\_\_\_\_

HEALTH PROBLEMS: (Temporary or permanent that could be affected by strenuous physical training. Always check with a doctor before beginning any course of rigorous activity.)  
This item MAY NOT be left blank. If you have no health problems enter "NONE."

*Please enter  
your dues and  
any donation  
you wish  
to make:*

**NEW MEMBERS:**

\_\_\_\_\_ Membership Dues (**\$75 US**)  
 \_\_\_\_\_ Tax Deductible Dojo Donation  
 \_\_\_\_\_ **Total Payment**

**RENEWING MEMBERS:**

\_\_\_\_\_ Renewal (**\$100 US**)  
 \_\_\_\_\_ BBC Renewal (**\$200 US**)  
 \_\_\_\_\_ Family Membership (call SKA)  
 \_\_\_\_\_ Lifetime Membership (**\$2000 US**)  
 \_\_\_\_\_ Tax Deductible Dojo Donation  
 \_\_\_\_\_ **Total Payment**

*Payment Method:*

ENCLOSED IS A CHECK OR MONEY ORDER IN THE AMOUNT OF:  
(MUST BE PAYABLE IN \$US TO: **SHOTOKAN KARATE OF AMERICA**)

CREDIT CARD (CIRCLE ONE):    VISA    MASTER CARD  
(ALL CREDIT CARD PAYMENTS WILL BE PROCESSED IN \$US)

CARD NUMBER: \_\_\_\_\_ TOTAL PAYMENT TO BE APPLIED TO CREDIT CARD \$ \_\_\_\_\_

CARDHOLDER'S NAME: (PRINT) \_\_\_\_\_ CARD EXPIRATION DATE: \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Canada Shotokan Karate Membership Registration Form (Page 2 of 2)



## CANADA SHOTOKAN KARATE RELEASE & WAIVER OF LIABILITY

In consideration of being permitted to join Canada Shotokan Karate (CSK), participate in any CSK or Shotokan Karate of America activity (an "Activity") and enter into for any purpose any area in which any part of the Activity is conducted or any area connected to the Activity (including, without limiting the generality of the foregoing, travelling to and from such areas), the Undersigned, for himself or herself, his or her personal representatives, heirs, and next of kin:

1. Acknowledges, agrees, and represents that he or she has or will immediately upon entering any area connected to the Activity and will continuously thereafter, inspect the area which he or she enters and he or she further agrees and warrants that, if at any time, he or she is in or about such an area and feels anything to be unsafe, he or she will immediately advise the leaders of the Activity of such and will leave the area and/or refuse to participate further in the activity.

2. Hereby releases, waives, discharges and covenants not to sue the leaders or officials of the Activity, the other participants, CSK, Canada Shotokan Society, Shotokan Karate of America, the promoters, participants, sanctioning organizations or any subdivision thereof, operators, owners, officials, sponsors, advertisers, owners and lessees of premises used to conduct the Activity, premises and Activity inspectors, surveyors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or the Activity and each of them, their directors, officers, agents, and employees, (all for the purposes herein referred to as "Releasees") from all liability to the Undersigned, his or her personal representatives, assigns, heirs, and next of kin for any and all loss or damage and any claim or demands therefore on account of injury to the person or property or resulting in the death of the Undersigned arising out of or relating to the Activity, whether caused by the negligence (simple or gross) of the Releasees or otherwise.

3. Hereby agrees to indemnify and save and hold harmless the Releasees and each of them from any loss, liability, damage, or costs they may incur arising out of or related to the Activity whether caused by the negligence (simple or gross) of the Releasees or otherwise.

4. Hereby assumes full responsibility for all risk of bodily injury, death or property damage arising out of or related to the Activity, whether caused by the negligence (whether simple or gross) of Releasees or otherwise.

5. Hereby acknowledges that the Activity may be dangerous and involve the risk of serious injury and/or death and/or property damage. The Undersigned also expressly acknowledges that injuries received may be compounded or increased by negligence (whether simple or gross), rescue operations or procedures of the Releasees.

6. Hereby agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts or negligence (simple or gross) by the Releasees, including negligent (simple or gross) rescue operations and is intended to be as broad and inclusive as is permitted by the laws of the Province, State or other jurisdiction in which the Activity is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

7. I have read this Release and Waiver of Liability, fully understand its terms, understand that I have given up essential legal rights by signing it and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and I intend my signature to be a complete and unconditional release or all liability to the greatest extent allowed by law. I understand that I am not required by law to sign this Release; I am permitted to participate in CSK's Activities only because I have agreed to sign it and that the Releasees are relying on my signature in allowing me to participate in any Activities.

UNDERSTOOD AND AGREED TO ON (DAY, MONTH, YEAR)

BY (PRINT YOUR NAME)

YOUR SIGNATURE

[If participant is under 18 years of age, she or he must sign this form and the parent or guardian must complete the form below.]

## PARENT'S OR GUARDIAN'S ADDITIONAL RELEASE & WAIVER OF LIABILITY

In consideration of CSK permitting my child...

(PRINT MINOR CHILD'S NAME):

...to become a member of and participate in any Activities, I hereby agree to the above on behalf of myself and my child as if I were signing on my own behalf.

SIGNATURE OF PARENT OR GUARDIAN:

DATE (DAY, MONTH, YEAR):

PRINT NAME OF PARENT OR GUARDIAN:

## PLEASE PROVIDE ALL EMERGENCY CONTACT NUMBERS FOR PARENT OR GUARDIAN:

HOME PHONE:

WORK PHONE:

MOBILE PHONE:

ALTERNATE CONTACT NAME AND PHONE: