International Karate Daigaku of Canada (IKD Canada)

Individual Membership Registration

Region Affiliate: Manitoba	**Member Dojo:** Charleswood Karate

Last Name:	First Name:
Street Address:	City:
Province: Manitoba	Postal Code:
Birth Date: Day Month Year	Gender: Male Female
Mobile Tel:	Residence Tel:
Fax:	Interest: Philosophy /Fitness /Self Defense /Sport
Email 1:	Email 2:
Profession:	Business Tel:
Education: High School/Vocation School/College	Degree if Applicable:
Present Rank if any: Kyu. Dan.	Date Rank Attained:
Awarded by:	Style/Organization:
Health Record: Please specify if you have any physical and/or mental challenges below and in right box:	

RELEASE AND WAIVER

IN CONSIDERATION of the above names: INTERNATIONAL KARATE DAIGAKU of CANADA (IKD CANADA), REGION AFFILIATE, AND MEMBER DOJO, herein after referred to as IKD and AFFILIATES, accepting my application as a member and my registration as a member of the IKD and AFFILIATES, I hereby for myself, my heirs, executors, administrators and assigns, release and forever discharge IKD and AFFILIATES, and their respective instructors, guest instructors, directors, officers, executive member, employees, agents and servants and their respective heirs, executors, administrators, successors and assigns from any claims, demands, damages, actions or causes, courses, tournaments or events, wherever located, including traveling to or from any event conducted by IKD and AFFILIATES, or arising from any knowledge, skill, or karate technique or exercise which I have learned or have been taught in connection with my participation in any classes, courses, tournament or event, notwithstanding any such loss, injury or damage, which may have arisen by reason of the negligence of IKD and AFFILIATES and their respective instructors, guest instructors, directors, officers, executive members, employees, agents and servants. I further agree to indemnify IKD and AFFILIATES, and their respective instructors, guest instructors, directors, officers, executive members, employees, agents and servants from any claims and demands which might be made against IKD and AFFILIATES arising out of or in consequence of my attendance or particpation in the said classes, courses, tournament or event or from my knowledge of any karate technique or exercise.

I FURTHER state that I am in proper physical condition to participate in the practice of karate and am aware that participation could result in physical injury.

DATED THIS DAY OF 20 SIGNATURE OF APPLICANT: _____

The undersigned is the parent or legal guardian of the above described member and hereby agrees and consents to the attendance or participation by the member in any classes, courses, tournament or event conducted by IKD and AFFILIATES subject to the release and waiver.

_____
Signature of Parent/Guardian (if applicant is under 18 years of age

Young Tigers Program: Wednesday 6:00 Pm ___, Saturday 9:00 am ____, or Wednesday 5:00 pm ____ .
if you select Wednesday at 5:00 please show alternate date should this class not have adequate attendance,

Parents names _____, Clothes size _____