

Grand River Karate —ADULT CLASSES

Registration and Permission Sheet

Participant s Last Name _____ Participant s First Name _____
Date of Birth _____ Ontario Health Card No. ____/____/____
Home Address _____ Home Phone Number: (519) _____
_____ Work Phone Number: (519) _____

If you would like us to send you email updated info. eg special classes, up coming seminars etc .please sign your approval signature and print your email address. We will not forward your email address to any other email list.

Signature _____ Email _____

IN CASE OF EMERGENCY, please call: _____ Relationship (parent, etc.) _____

Home Phone Number: _____ Work Phone Number: _____

Do you wear a **Medic Alert** bracelet? **yes** **no** . If yes , indicating what? _____

Do you have any **allergies** to any medicines or drugs? **yes** **no** . If yes , indicating what? _____

Please inform us of relevant (1) physical problems, (2) medications required or (3) other health-related issues:

I, the undersigned, (hereinafter referred to as the Participant) hereby apply to participate in an activity or activities conducted by Grand River Karate (hereinafter referred to as the Club) and to use its facilities and equipment and upon acceptance, the Participant agrees to all the rules and regulations now in force.

The Participant hereby for himself, his heirs, executors, administrators and assigns do hereby remise, release and forever discharge the Club, its agents, principals, employees, instructors, their heirs, executors, administrators and successors and assigns and any other person, firm, association or corporation, participating in or connected with the Club, the Participant ever had, now has, or can, shall, or may hereafter have for or by reason of participating in activities of the Club or of using its facilities and equipment, including but without limiting the generality of the foregoing any claims for personal injuries resulting from or arising out of the negligence, or out of gross negligence, of the Club, or their principals, employees and instructors, or out of a breach of an implied term of the contract with the Club, or their principals, employees and instructors or negligence of any other person present on said premises.

If this application is signed by a parent or guardian of the Participant, or any other person responsible for the Participant, he shall agree to all the foregoing, and in addition he shall indemnify the Club against any action, claim or demand against the Club, brought by the Participant.

The Participant understands that the Club shall not be liable for the loss or theft of, or damage to, the personal property of the Participant under any circumstances whatsoever.

_____| _____ | _____
Applicant; parent or guardian (if under 18) Please print your name Today s date

PERMISSION FOR THE INSTRUCTOR IN CHARGE

<<must be filled out and signed by parent or guardian for Participants less than 18 years old>>

Experience has shown that, in connection with Martial Arts activities, an accident or illness may occur and immediate surgical or medical attention is necessary. This is my permission for the Instructor in charge to make arrangements for surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval.

I understand that I will be notified by the quickest means if this authority is exercised.

Signed: _____

parent or guardian

Address and phone number where I can be reached during this period (if different from home address and phone)

