Grand River Karate — KIDS Classes Registration and Permission Sheet

Participant s Last Name _____ First Name _____ Age___ Birth date (dd/mm/yy) _____/_____/_____

Address _____ City_____ P. Code_____ Home Phone Number (519)_____

If you would like us to send you email updated info. eg. registration dates, up coming events, 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 _____

I, the undersigned, (hereinafter referred to as the Parent/Guardian) hereby apply to have my child/ward (hereinafter referred to as Particpant) participate in activities conducted by Grand River Karate (hereinafter referred to as the Club). The Parent/Guardian 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 of and from all manners of actions, causes of action, claims or demands which against the club, the Parent/Guardian ever had, now has, or can, shall, or may hereafter have for or by reason of his child/ward 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.

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

HEALTH / EMERGENCY INFORMATION: *TO INSTRUCTOR IN CHARGE:* *You should know about the following health-related information (Medic Alert bracelet, allergies to drugs/medicines, etc. — please specify):*_____.
Experience has shown that, in connection with Martial Arts activities, there are times when accident or illness may occur and immediate surgical or medical attention is necessary. My signature below 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. I hereby give my permission for my child/ward to participate in the Martial Arts activities scheduled. **Participant s Hospital Insurance #**_____

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

Phone: (519)

	Participant s Current Rank	Session Start date	Registration Date	Parent/Guardian s Signature	Parent/Guardian s Printed Name	Witness Signature	Amount Paid
1.							
2.							
3.							
4.							
5.							