

Halifax Ryuseikan

Registration Form

Training Location _____ Days & Time _____
Last Name _____ First Name _____ Initial _____
Phone # _____ Other # _____ E-mail – _____
Address (street) _____ (apt #) _____ City _____
Postal Code _____ Height _____ Weight _____ Sex _____
Birth Date (mm/dd/year) _____ Age _____ Occupation _____
Belt Rank _____ Date attained _____
Previous Martial Arts Training _____
Emergency Contact Name(s) _____ Relationship _____
Phone # _____ Provincial Health Care #: _____
List any medical conditions or allergies: _____

Disclaimer

Recital:

1. I hereby apply for membership at the Halifax Ryuseikan in order to learn and practice Karate.
2. I Hereby State that I have been informed that there are certain risks involved in the practice of Karate.
3. I Hereby State that I have disclosed my medical and physical disabilities or any health problems that I may have, and that all information contained on these forms are correct.

Agreement:

1. In consideration of receiving Karate instruction from the instructors and members of the Halifax Ryuseikan, I hereby agree that it is a condition of my participation that I voluntarily assume all risks of accident, injury, or damage to my person and/or property.
2. I hereby agree not to hold the Halifax Ryuseikan or any of the instructors or students of the Halifax Ryuseikan responsible for any injuries that I may sustain in practicing or training in Karate.
3. I agree to abide by the rules set down by the Halifax Ryuseikan as well as all the associations they are governed by.
4. I agree to pay the membership fees, which are Due on the first day of each term so long as I continue to practice with and receive instruction from the instructors and the members of the Halifax Ryuseikan
5. I hereby state that I have been informed that all fees paid to the Halifax Ryuseikan are Non Refundable.

Signed this _____ day of _____, 20_____

Student _____ Mitchell German _____

If student is under 19 years of age

I hereby consent to my child, _____, receiving Karate instruction under the terms and conditions as set out above and in consideration of the acceptance of this Agreement by Mitchell German. **I hereby agree** to indemnify and save harmless Mitchell German and all the instructors, members and authorized guests of the Halifax Ryuseikan, of and from any liability of any nature whatsoever, arising out of or in any way connected with any claims or demands made by or on behalf of _____.

Name (Please Print) _____ Relationship _____

Signature _____ Phone # _____