



Registration Form

June – August 2021

PARTICIPANT INFORMATION	
Name:	
Date of Birth:	
Address:	
Email address:	
Primary phone:	
Secondary phone:	
Preferred method of communication: email <input type="checkbox"/> phone <input type="checkbox"/> text message <input type="checkbox"/>	
Current belt level: beginner <input type="checkbox"/> _____ kyu (or colour) <input type="checkbox"/> _____ dan <input type="checkbox"/>	

FEE INFORMATION	
Karate BC Annual Membership (mandatory):	<i>prorated based on age and registration date; visit karatebc.org to register</i>

ADDITIONAL INFORMATION	
Emergency contact name :	
Emergency contact phone :	
In case of accident or injury, I hereby give permission to Fernie Karate Club to administer first aid to my child. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Allergies/medical conditions that may impact participation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
IF YES, please provide additional information, including possible adaptations. We will endeavour to accommodate special requests:	



ACKNOWLEDGEMENT AND WAIVER

I, _____ (or parent/legal guardian of

(Name of participant or parent/legal guardian if minor)

_____) recognize and

(Name of minor participant)

understand that martial arts training is an activity that involves physical contact and that participation might result in injury. I further recognize and understand that such risk may be due not only to my own actions but also the action (or inaction) of others, and that there may be other risks that are not known to me or to others or not reasonably foreseeable. I accept all risks and dangers and release, waive, and discharge Fernie

Karate Club, its affiliated organizations and governing bodies, their officers, instructors and personnel, supporters, members, employees, or volunteers from any and all claims, demands, damages, actions, or cause of actions arising out of or in dangers and risks associated with training.

Signature (Signature of parent/legal guardian if participant is a minor)

Date: _____



Consent to Photograph/Video Photo/Video Release
Authorization

Student's name: _____

I hereby give permission to Fernie Karate Club and/or parties designated by Fernie Karate Club to photograph (please make appropriate selection):

- me my child / dependent

and to use such photograph(s) / video(s) in all forms of media, for any and all promotional purposes including advertising, display, exhibition or editorial use. I further acknowledge that the use of (please make appropriate selection):

- my name my child / dependent's name

may not be used in connection with such photograph(s) / video(s) unless requested. I hereby agree on behalf of the above-named

participant to waive any claims against

Fernie Karate Club and/or any parties designated by Fernie Karate Club which may arise from the use of any such images.

If at any time, I want (please make appropriate selection):

- my image my child / dependent's image

to be removed from the Fernie Karate Club website or other electronic or printed media, I acknowledge that it is my responsibility to inform, in writing, appropriate Fernie Karate Club personnel.

Parent/Legal Guardian Signature: _____

Date: _____