

# Abbotsford Shotokan Karate 2019 Registration Form

Student Name: \_\_\_\_\_

Current Belt Rank: \_\_\_\_\_

**Payment Option (circle one):**    Annual    Quarterly    Annual Sibling Discount    Quarterly Sibling Discount

Method of Payment: \_\_\_\_\_

Date of Birth: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Provincial Health Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Contact Telephone (Mother): \_\_\_\_\_

Contact Telephone (Father): \_\_\_\_\_

Email addresses: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Person to contact in case of an emergency, if parents are not available:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Form Attached: \_\_\_\_\_

In the event that we need to reschedule a class at short notice, what is your preferred method of notification? (circle one option):

phone    text message    Facebook

## CONSENT

I, \_\_\_\_\_ agree to allow the Abbotsford Shotokan Karate Dojo to use any karate related photos including myself and / or my child as a member for their business use only.

## WAIVER

In consideration of enrollment in the above program, I waive and release any and all rights of claim for damages I may have or acquire against the Abbotsford Shotokan Karate Dojo and its officers, agents, servants, and employees for any and all injuries, infections, and sickness suffered by me and I acknowledge the rules laid down by this program governing its operation and that it remains the sole responsibility of the participant to act and/or govern himself/herself in such a manner as to be responsible for his/her own safety.

Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

### **ALL PARTICIPANTS UNDER THE AGE OF 19 MUST OBTAIN PARENT / GUARDIAN CONSENT BELOW:**

I, \_\_\_\_\_, do hereby declare that I am the parent or legal guardian of the above participant and hereby consent that he/she may participate in the above program.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## STUDENT MEDICAL INFORMATION SHEET

Name: \_\_\_\_\_ Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Provincial Health Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Contact Telephone Numbers: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Person to contact in case of an emergency, if parents are not available.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please circle the appropriate response below pertaining to your child.

Yes No Previous history of concussions

Yes No Fainting episodes during exercise

Yes No Epileptic

Yes No Wears glasses

Yes No Are lenses shatterproof?

Yes No Wears contact lenses

Yes No Wears dental appliance

Yes No Hearing problem

Yes No Asthma

Yes No Trouble breathing during exercise

Yes No Heart Condition

Yes No Diabetic

Yes No Has had an illness lasting more than a week in the past year

Yes No Medication

Yes No Allergies

Yes No Wears a medic alert bracelet or necklace

Yes No Does your child have any health problem that would interfere with participation in karate?

Yes No Surgery in the last year.

Yes No Has been in hospital in the last year

Yes No Has had injuries requiring medical attention in the past year.

Yes No Presently injured.

Please give details below if you answered 'Yes' to any of the above items.

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Use a separate sheet if necessary.

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Recent Injuries: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

Any information not covered above:

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Date of last complete physical examination:

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\*Your physician should check any medical condition or injury problem before participating in a karate program.

I understand that it is my responsibility to keep the Abbotsford Shotokan Karate Dojo Instructors advised of any change in the above information as soon as possible and that in the event no one can be contacted, Abbotsford Shotokan Karate Dojo Instructors will take my child to hospital / M.D. if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

I also authorize release of information to appropriate people (instructors, physician...) as deemed necessary.

Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_