

YOBUKAN SUMMER CAMP REGISTRATION

July 8 -10, 2016

15-57022-RR233

Sturgeon County, Alberta

KAA# _____

Name: _____

Address: _____

Postal Code: _____ Phone: (____) _____

Alberta Health Care #: _____

Birth Date (mm/dd/yyyy): _____ Sex: _____

Belt Color: _____

Allergies or Dietary Concerns: _____

Emergency Contacts: (Include Name, Relationship, Phone #)

1) _____

2) _____

Acknowledgement, Waiver and Release

I, _____, hereby acknowledge that I am aware and understand that the art and sport of karate is potentially hazardous, and that a participant is exposed to risks in said activity. I further acknowledge that in the course of doing karate, the participant may receive injuries that may be serious or permanent.

I hereby acknowledge and accept all hazards and risks in the doing of said activity and hereby remise, release, and forever discharge Yobukan Karate, its officers, servants, employees, successors, agents and assigns from any and all claims and demands whatsoever for damages, loss or injury, however arising which may now or may hereafter be sustained by the participant in consequence of participation in the Yobukan Summer Camp on the days of July 8, 9 and 10, 2016. This includes without limiting the generality of the foregoing, training, practice, competition, demonstration, traveling to or from any of the foregoing, and any other matter related in any way to the said activity.

I consent that any pictures or video furnished by or taken of the participant can be used for publicity, promotion, or television showing, and waive compensation in regards there to.

I acknowledge there is no refunds for this event once payment is made.

In Witness Where of I have hereunto signed this ____ day of _____, 2016.

Student (over 18 years) / Guardian: _____