

# WINDSOR KARATE CLUB

Affiliated with Shitoryu Karate Canada, the World Shito-ryu Karate-do Federation-Japan and member of Karate Nova Scotia



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

Birth Date: \_\_\_\_\_  
                    YY                    MM                    DD

Parent/Guardian Name (if under 19): \_\_\_\_\_

Street and Mailing address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Other/work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Current Rank (Kyu/Dan) & Style: \_\_\_\_\_

*SELF CONTROL* (discipline)  
*SELF CONFIDENCE*  
*SELF DEFENSE*  
And Physical *FITNESS*



CONTACT, in case of emergency:

NAME: \_\_\_\_\_ Cell/Phone #: \_\_\_\_\_ Other #: \_\_\_\_\_

**Medical Conditions:** Please provide details of any medical conditions that we should be aware of (Allergies to foods, insect bites, diabetes, asthma pump, heart conditions, concussions, seizures, etc.)

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*I, the undersigned, hereby apply for membership in Windsor Karate Club. I agree to abide by the rules, regulations, codes of conduct and guidelines of the Windsor Karate Club and I will conduct myself in a manner that upholds the reputation of the Club. I acknowledge that there are inherent risks of injury with this type of training and hereby agree to assume all risks. I further relieve the Club, its instructors, board members and fellow students from any liability resulting from loss of personal belongings or bodily injury. I also confirm that I am sufficiently physically fit to participate in Club activities.*

Signature of Applicant and Guardian (if under 19):

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

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

FOR OFFICE USE ONLY Date received \_\_\_\_\_ Membership no \_\_\_\_\_

Approved: \_\_\_\_\_ Signature of Instructor \_\_\_\_\_

Dues: \$50/month payable on 1st of the month. Dues can be paid by e-transfer to Email: [contact@windsorkarateclub.ca](mailto:contact@windsorkarateclub.ca); by cheque payable to Windsor Karate Club or cash. Place cash/cheques in cash box on wall of the dojo entryway with your name.