***WINDSOR KARATE CLUB***

4404 Trunk 1, Windsor, N.S. B0N2T0

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

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

*SELF* CONTROL (discipline)

*SELF* CONFIDENCE

*SELF* DEFENSE

And Physical FITNESS

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*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: $55 Child/$60 Adult per month payable on 1st of the month. Dues can be paid by e-transfer to Email: 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.