

WINDSOR KARATE CLUB

4404 Trunk 1, Windsor, N.S. B0N2T0

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



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

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: _____

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.