

Application Form for Students Of Thunder Bay Karate School

712 Vickers Street North. Thunder Bay, Ontario P7C 5J3 . (807) 622 - 8996



Please Print

Student Full Name _____ Gender _____

Mailing Address _____ Phone # _____

City / Town _____ Postal Code _____

Date of Birth Month _____ Day _____ Year _____ E-Mail _____

Please Note Any Medical Conditions You Might Have:

NOTE: If Student is under 18 yrs. of age, a parent or guardian signature is required

BY SIGNING THIS, you give up the right to sue for any injury or loss to you or property. If you are a parent or guardian, you give up the right on behalf of your child(ren) and guarantee that no claim will be made.

The above student hereby makes application for probationary and full membership in the Thunder Bay Karate School, and upon acceptance, sincerely pledges to adhere to the Instructor's discipline and to obey all school rules and regulations which were formulated for the purpose of keeping order in the school and for the protection of students from injury. I understand that the risk of physical injury from an accident or from negligence, or damage or loss to property, is present in karate training. I am aware there are inherent risks.

In return for my application (or my child's if applicable) being accepted, I accept full responsibility for any injury to me (or my child) or damage or loss of property, whether caused by accident, negligence or other causes. I release all claims and right to sue. This release is given to the Thunder Bay Karate School, it's executive, officers, directors, instructors, students, and authorized guests. This release is binding on me in the event of my death. If signed by a parent or guardian, the parent gives this release on behalf of the child and other parent. The parent(s) agree(s) and guarantee(s) no claim or suit or demand will be made by or on behalf of the child ; if made, the parent(s) will fully pay any settlement or award in favour of the child, and fully indemnify and reimburse whomever is sued or the subject of the claim.

Month _____ Day _____ Year _____

Parent/Guardian _____ Signature _____

Applicant _____ Signature _____