

South Delta Kyokushin Karate Registration Form

Name: _____

Address: _____

Postal Code: _____/Email: _____

Phone: (home) _____ (Cell Phone): _____

Birthdate: _____/_____/_____
(Year) (Month) (Day)

Parents or Guardians: _____

Medical (Care Card #): _____

In Case of Emergency, please notify: _____

Phone: _____ Cell Phone: _____

Is the applicant, currently subject to any of the following?

___ Knee Trouble ___ Back problems

___ Respiratory ailments ___ Joint problems

___ Other ~ Please specify: _____

I hereby authorize the instructors in charge, to secure such medical advice and services as may be deemed necessary for the health and safety of myself, and /or my child. I agree to accept financial responsibility in excess of the benefits allowed by provincial Health Insurance.

I also understand that in no way, will I/or any family member, hold the instructors responsible for any injuries, while participating in Kyokushin Karate.

_____ Date: _____

Signature of Parent (Guardian)

Office use only:

_____ IKO # Adult: ___ Child: ___

_____ Initiation date Student: ___