

Karate Kawartha Lakes

Student Registration Form



Registration No. _____

Family Name: _____ Given Name: _____

Street # and Address: _____ City/Town: _____ Postal Code: _____

Phone: (____) _____ Date of Birth: _____ Email Address: _____
(mm/dd/yyyy)

Emergency Contact: _____ Phone: (____) _____

Previous Training Style: _____ Rank: _____

Medical Information

Heart Ailment: Hernia: Epilepsy: Diabetes: Asthma:

Other: _____

NOTE: If you have a medical condition, please ensure to consult your physician before engaging in physical activity.

I hereby apply for membership in **Karate Kawartha Lakes**, and upon acceptance, I agree to observe all the rules and regulations established for maintaining order and protecting the members from injury, and to respect the discipline of the Instructor. In consideration of accepting my application for membership, I hereby release and forever discharge **Karate Kawartha Lakes** it's Officers, Instructors, members and authorized guest from any and all actions, causes of actions, claims and demands, for damages, loss or injury; however arising and whether or not caused by any intentional or negligent act or omission of **Karate Kawartha Lakes**, it's clubs, Officers, Instructors, members and authorized guests, which may I agree that the **Karate Kawartha Lakes** and its members shall not be responsible for any loss or theft of my personal possessions while using Club premises.

Dated at _____, Ontario, on this the _____ day of _____ in the year _____

(Signature of Applicant)

(Witness)

IF APPLICANT IS UNDER 18 YEARS OF AGE, FILL IN BELOW

I hereby consent to the above application and consideration of the acceptance of the application, I hereby agree to indemnify and save harmless, **Karate Kawartha Lakes**, and it's members, Officers, Instructors, and authorized guests of any form of liability of any nature or kind whatsoever arising out of or kind whatsoever arising out of or in any way connected with any claims or demands made on behalf of the applicant.

Dated at _____, Ontario, on this the _____ day of _____ in the year _____

(Signature of Applicant)

(Witness)

Karate Kawartha Lakes

Shintani Wado Kai Karate Federation (SWKKF)
Personal Information Protection and Electronic
Document Act (PIPEDA) Release and Agreement



Karate Kawartha Lakes Privacy Office: Sensei Craig McCleary

craig@karatekawarthalakes.ca

Family Name: _____ Given Name: _____ Date of Birth: _____
(mm/dd/yyyy)

1. The personal information you provide to your Karate club is collected under the authority of the PIPEDA privacy bill for Canada. It is used to determine your eligibility for competitive and recreational opportunities, age related events, for class Members, volunteers, judges and referees, and for insurance and statistical purposes. In addition, personal information may be, from time to time, submitted to major funding bodies in order to verify registration and meet the funding requirements.
2. Member clubs of the SWKKF collect information from their members when they register to take part in a karate program. Registration information required by the SWKKF may include: name, age, birth date, address, phone number, gender, rank, emergency contact information and provincial medical number in case of accident or illness.
3. Your Club's Privacy Officer, as well as the Privacy Officer for the SWKKF, are responsible for your personal information, the personal information concerning any minor children, and ensure that all Personal information is handled in a confidential manner. All regional precautions are taken to avoid loss, theft or unauthorized access, disclosure, copying, use or modification.

Please fill in and sign the following form indicating that you allow the recording and transmission of personal information from Karate Kawartha Lakes to the SWKKF.

Failure to submit this form will result in denial of membership from the Shintani Wado Kai Karate Federation.

Dated at _____, Ontario, on this the ____ day of _____ in the year _____

(Signature of Applicant)

(Witness)

Name of Parent/Guardian of participant if under the age of 18: _____

Signature of Parent/Guardian of participant if under the age of 18: _____

Karate Kawartha Lakes uses social media to for informational and communication purposes. Our website is www.klwadokai.org we also use Facebook and Twitter. Please one of the 2 options below, if the student is a minor please indicate their name in the space provided.

I _____ (print name) **give** permission to Karate Kawartha Lakes to use pictures, video, audio recordings on the Karate Kawartha Lakes media release/website and affiliated social media. Name of minor, if applicable: _____

Administration
Use Only

First Month: ____/20__ Training Dues Starts: ____/20__ Gi size: ____ Paid: Paid on ____/20__
Annual Registration (\$80.00): Paid on ____/20__ Dues : ____ / ____