



Full Name: _____ DOB: _____

Age: _____ Gender: F M Emergency contact: _____

Full address: _____ PC: _____

Cell / Home ph: _____ E-mail: _____

Do you give us permission to use your email for communications and important information: Yes No

• Any allergies / medical / cognitive conditions: _____

Training since: _____ Level/belt: _____

WAIVER FORM

I, _____, (parent/legal guardian of) _____ I'm fully aware of, and accept, all the risks and dangers involved in physical training. I hereby for myself, in case of injury due to training or other activities in the space of Osuna Karate Dojo under Osuna Karate Ltd; do not hold Osuna Karate Ltd. or World Shotokan Karate-do Federation (WSKF) of Canada accountable responsible for or in consequence of any loss or damage, however caused. I forever release, and forever discharge Osuna Karate Ltd. and World Shotokan Karate-do Federation (WSKF) of Canada, their staff, trainers, coaches, representatives, agents, sponsors, supporters, members, employees, or volunteers, from any and all claims, demands, damages, actions, or cause of actions arising out of or in dangers and risks associated with training. It is Osuna Karate Ltd's obligation to provide a respectful, inclusive and fun environment while using safe practices.

Signature (Signature of parent if student is minor): _____ Date: _____

PARENT CONSENT FOR MEDIA & PICTURE TAKING OF A MINOR

I hereby **consent** to having: _____ (child's name) picture appear in electronic media and/or print publications that Osuna Karate Ltd. might choose to release. I understand that his/her picture may be on display in accordance with any of the above-mentioned activities and programs. I further acknowledge that my child's name may not be used in connection with his/her picture.

I hereby agree on behalf of the above named participant and with agreements of his/her parent or legal guardian to waive any claims against Osuna Karate Ltd and any staff member, which may arise from the use of any pictures used in accordance with Osuna Karate Ltd. publications. If at any time, I want my child's photograph to be removed from the Osuna Karate Ltd. website or other electronic or printed media, I acknowledge that it is my responsibility to inform, in writing, the person responsible for the making of such material of this decision.

Signature (Signature of parent if student is minor): _____ Date: _____

CODE OF CONDUCT CONTRACT

It is the intention of this contract to promote fair training and respect for all participants within the Osuna Karate Dojo. All students must sign this contract stating that they will observe the principles of the Five-points statement before allowed to participate in Shotokan Karate.

DOJO KUN: A five-point statement of principles of the Karate practitioner's conduct.

Seek perfection of character / Be faithful / Endeavor for effort / Respect others / Refrain from violent behavior

FAIR TRAINING CODE:

I will train by the rules of Karate-do and in the spirit of the discipline.

I will respect others despite player's abilities or disabilities and respect everyone's physical limitations.

I will refrain from violent behaviors inside and outside of the Dojo.

I know that, if I break this Fair Training Code, I will be subject to governing bodies' disciplinary procedures that can end in suspension.

I will ask permission if I need a break or need to leave the Dojo.

I will encourage all students in a positive manner.

I will remember that Sensei and coaches are there to help me.

I will accept their suggestions and decisions and show them respect.

I will observe the rules of Karate-do, as the ZERO tolerance to physical and mental abuse is not acceptable.

I agree to abide by the principles of the Fair Training Code as set by Osuna Karate Ltd.

I also agree to abide by the rules, regulations and decisions as set by Osuna Karate Ltd and its affiliated associations.

Student's name and signature: _____ Parent's name: _____

Registration date: _____

CLASS SCHEDULE:

COUGAR RIDGE DOJO:

- Mondays: 6:30pm to 7:15pm (All levels/beginners) 7:15pm to 8:15pm (interm. & adv. Kata and/or Kumite)
Wednesdays: 6:30pm to 7:15pm (All levels/beginners) 7:15pm to 8:15pm (interm. & adv. Kata and/or Kumite)

CLASS FEES:

- Annual membership all belts: \$60 (mandatory) 2021-2022 school year
- September fee: \$120.75 (all ages)

Children:

13 and up:

- Monthly \$115 + gst = **\$120.75**
- 3 months \$ 295 + gst = **\$309.75**
- Full year (CR -10 months)\$ 950 + gst = **\$997.50**
- Monthly \$125 + gst = **\$131.25**
- 3 months \$ 325 + gst = **\$341.25**
- Full year (CR -10 months) \$1030 + gst = **\$1081.50**

- Drop-in: Osuna Karate Non-members: \$25 per class. 10 days pass available for \$200

CHOOSE YOUR METHOD OF PAYMENT:

- Credit card (Square payment)
- Debit:
- Postdated check / check #: _____
- Cash
- Paid: _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____
 Reg. fee Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May Jun. Jul

All checks should be payable to Osuna Karate Ltd.** and all postdated checks should be dated on the first of the corresponding month. *Full year rates can be adjusted to a minimum of 8 months registration.**

Student or Legal guardian signature: _____ Date: _____

REFUND POLICY:

All funds are refundable with a month notice. Full year registrations are prorated if register for more than 7 months. Refunds for a full year registration will be adjusted to monthly fees if withdrawn before the year ending to a max. of 5 months.



Karate Alberta

KAA# _____

Karate Alberta Association Application for Individual Membership

All first-time applicants to Karate Alberta must complete and sign this form. Print neatly. This information is used to create your personal membership card and mailing list. **Black Belts** must also fill out a National Karate Association Membership Application.

Name of Karate Club: **OSUNA KARATE / W.S.K.F. Canada**

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Sex: Male Female

Age Category:

Adult (18 or over)

Junior

Name of Parents or Guardians if applicant is under 18: _____

Date of Birth (mmm/dd/yy): _____ Age: _____

Last Rank (Dan or Kyu) Attained: _____ Date: _____

I, the above named person, hereby apply for membership in the Karate Alberta Association. If this application is accepted, I agree to abide by the Constitution, Bylaws, Rules, Regulations, Codes and Guidelines of the Karate Alberta Association and of the National Karate Association.

Signature of Applicant

Date:

Signature of Senior Club Instructor

Date

Privacy Note: Karate Alberta will only use your personal information for maintaining your membership and access to our programs and the National Karate Association. Your information will not be sold or provided to other organizations.

KAA Use Only

Member Number

Date Received