

REGISTRATION FORM / AFTER SCHOOL PROGRAM YEAR: _____

LOCATION: SPRINGBANK

SESSION: FALL WINTER SPRING

CHILD INFORMATION

FULL NAME: _____

DOB: _____ AGE: _____ GENDER: F M U

SCHOOL: _____ GRADE: _____

FULL ADDRESS: _____

ANY ALLERGIES / MEDICAL / COGNITIVE CONDITIONS: _____

OTHER IMPORTANT INFORMATION: _____

PARENT / GUARDIAN #1 INFORMATION:

FULL NAME: _____

ADDRESS: _____ P.C: _____

PHONE: H _____ W _____ C _____

EMAIL: _____ @ _____ RELATIONSHIP TO CHILD: _____

PARENT / GUARDIAN #2 INFORMATION:

FULL NAME: _____

ADDRESS: _____ P.C: _____

PHONE: H _____ W _____ C _____

EMAIL: _____ @ _____ RELATIONSHIP TO CHILD: _____

EMERGENCY CONTACT:

FULL NAME: _____

ADDRESS: _____ P.C: _____

PHONE: H _____ W _____ C _____

EMAIL: _____ @ _____ RELATIONSHIP TO CHILD: _____

TRANSPORTATION REQUIRED: Yes No IF YES, HAVE YOU SIGN A CONSENT FORM FOR TRANSPORTATION? Yes No

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

OFFICE USE ONLY:

New Returning Start Date: _____ New uniform size: _____

Annual membership paid Yes No Session amount: _____ PAYMENT TYPE _____

Fees Paid By: Credit Card Direct Dep. Debit Cheque Cash

Registry Payment Database Email List Left Program Date: _____



TRANSPORTATION CONSENT:

TRANSPORTATION GUIDELINES:

OSUNA KARATE OWNS A 15 SEAT PASSANGER VAN FOR THE TRANSPORTATION OF STUDENTS. THE PRIMARY PURPOSE OF THIS VEHICLE IS TO TRANSPORT STUDENTS BETWEEN SCHOOLS AND THE PROGRAM LOCATION IN SPRINGBANK. THE OPERATORS OF THE VEHICLE ARE OSUNA KARATE STAFF AND THEY ARE SUBJECT TO THE REGULATIONS AND STANDARDS AS SET OUT BY THE ALBERTA TRAFFIC SAFETY ACT. OUR OPERATORS HOLD VALID CLASS FOUR ALBERTA DRIVER'S LICENSES. THE OSUNA KARATE VEHICLE UNDERGO SAFETY INSPECTIONS EVERY SIX MONTHS, ALL PASSENGERS ARE REQUIRED TO WEAR SEAT BELTS (WHERE APPLICABLE), AND OPERATORS SIGN AGREEMENTS TO ADHERE TO COURTEOUS AND SAFE DRIVING PRACTICES WHILE OPERATING OSUNA KARATE VEHICLES. EVEN THOUGH OUR VEHICLE IS BRAND NEW, THIS KIND OF VEHICLE MIGHT BE OUT OF SERVICE DUE TO UNFORESEEN MECHANICAL DIFFICULTIES. IN THESE CASES OSUNA KARATE WILL NOTIFY SCHOOLS AND PARENTS. EFFORTS WILL BE MADE TO PROVIDE ALTERNATE TRANSPORTATION ARRANGEMENTS. HOWEVER, IF NO REASONABLE ALTERNATIVE IS AVAILABLE, PARENTS WILL BE CONTACTED TO PICK-UP THEIR CHILDREN FROM THEIR SCHOOLS. TRANSPORTATION SERVICES WILL BE CANCELLED IF INCLEMENT WEATHER AND POOR DRIVING CONDITIONS ARE PRESENT.

SIGNING BELOW ACKNOWLEDGES THAT YOU HAVE READ THE TRANSPORTATION GUIDELINES ABOVE AND THAT YOU AGREE TO THE CONDITIONS OF THE POLICY. IT IS PARENT'S RESPONSIBILITY TO MAKE ALTERNATIVE TRANSPORTATION ARRANGEMENTS FOR THOSE CHILDREN WHO MISSED THEIR SCHEDULED BUS.

I _____ (PARENT/GUARDIAN) GIVE PERMISSION TO OSUNA KARATE LTD TO TRANSPORT

MY CHILD: _____ (CHILD'S NAME) FROM _____

SCHOOL TO OSUNA KARATE DOJO LOCATED AT #3, 141 COMMERCIAL DRIVE SPRINGBANK DURING THE _____ SCHOOL YEAR.

SIGNED: _____ DATE: _____

WITNESS: _____ DATE: _____



WAIVER FORM

I, _____, PARENT/LEGAL GUARDIAN OF
(NAME OF PARENT/LEGAL GUARDIAN IF MINOR)

_____ I'M FULLY AWARE OF,
(NAME STUDENT IF MINOR)

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.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____



Code of conduct contract:

DOJO KUN: The Dojo Kun is a Five-point statement of principles of the Karate practitioner's conduct.

1. Seek perfection of character
2. Be faithful
3. Endeavor for effort
4. Respect others
5. Refrain from violent behavior

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-point statement before allowed to participate in Karate.

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

I agree to abide by the principles of the FAIR PLAY 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.

Child's Name(s) _____ Child's signature: _____

Parent/ guardian signature: _____ Sensei's signature: _____

Date: _____



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
5	

