



**Session/year:** \_\_\_\_\_

**LITTLE TIGERS**

**Full Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** F  M

**Full address:** \_\_\_\_\_

Home  Work ph: \_\_\_\_\_ **Cell ph:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Emergency contact:** \_\_\_\_\_

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

**Any allergies / medical / cognitive conditions:** \_\_\_\_\_

**Little Tigers:** Saturdays from 9:15am to 10:00am (Springbank Dojo only)

	Program:	Dates:	Fee:
( )	FALL LT	From Sept. 15 <sup>th</sup> to Dec. 15 <sup>th</sup> , 2018	\$ 275 + gst
( )	WINTER LT	From Jan. 12 <sup>th</sup> to Mar. 30, 2019	\$ 255 + gst
( )	SPRING LT	From April 6 to June 22, 2019	\$ 255 + gst
( )	Full year	From Sept. 15 <sup>th</sup> , 2018 to June 22, 2019	\$ 685 + gst

Annual membership: \$70 (mandatory)

Drop-in: Osuna Karate members \$25 non-members: \$30

**Choose method of payment:**

Credit card

Postdated checks\* #'s \_\_\_\_\_

Check \* # \_\_\_\_\_

Cash

\*All checks should be payable to Osuna Karate Ltd. and all postdated checks should be dated on the first of the corresponding month. (Oct/ Jan and Apr. 1<sup>st</sup>) \*\*Full year rates can be adjusted to a minimum of 8 months registration.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Waiver Form

I, \_\_\_\_\_, parent/legal guardian of  
(Name of parent/legal guardian if minor)

\_\_\_\_\_ am fully aware of, and  
(Name student if minor)

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 the Calgary Waldorf School under Osuna Karate Ltd. , do not hold the Calgary Waldorf School, Osuna Karate Ltd. or WSKF of Canada accountable responsible for or in consequence of any loss or damage, however caused. I forever release, and for-ever discharge the Calgary Waldorf School, Osuna Karate Ltd. and WSKF of Canada, their servants, 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.

Signature (Signature of parent if student is minor): \_\_\_\_\_ Date: \_\_\_\_\_

## Parent consent for media & picture taking of a minor

Student's name: \_\_\_\_\_

I hereby consent to having: \_\_\_\_\_'s\_ 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. 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: \_\_\_\_\_



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