



Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Gender: F  M  Emergency contact: \_\_\_\_\_ Cell / Home ph: \_\_\_\_\_  
Full address: \_\_\_\_\_ PC: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Any allergies / medical / cognitive conditions: \_\_\_\_\_  
Do you give us permission to use your email for communications and important information:  Yes  No

**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:**

- |  |   |
|--|---|
| <input type="checkbox"/> I will train by the rules of Karate-do and in the spirit of the discipline.   | <input type="checkbox"/> I will encourage all students in a positive manner.  |
| <input type="checkbox"/> I will respect others despite player's abilities or disabilities and respect everyone's physical limitations.                               | <input type="checkbox"/> I will remember that Sensei and coaches are there to help me.  |
| <input type="checkbox"/> I will refrain from violent behaviors inside and outside of the Dojo.   | <input type="checkbox"/> I will accept their suggestions and decisions and show them respect.   |
| <input type="checkbox"/> I will ask permission if I need a break or need to leave the Dojo.  | <input type="checkbox"/> I will observe the rules of Karate-do, as the ZERO tolerance to physical and mental abuse is not acceptable. |
| <input type="checkbox"/> I know that, if I break this Fair Training Code, I will be subject to governing bodies' disciplinary procedures that can end in suspension. | <input type="checkbox"/> I agree to abide by the principles of the Fair Training Code as set by Osuna Karate Ltd.                     |
| <input type="checkbox"/> 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: \_\_\_\_\_

**CLASSES SCHEDULES & FEES:**

- |                                 |   |
|---------------------------------|---|
| Fridays (Multipurpose room A) : | <input type="checkbox"/> 6:30pm to 7:30pm All levels – Ages 7 and above |
| Children and adults:            | <input type="checkbox"/> Annual membership all belts: \$65 (mandatory)  |
|                                 | <input type="checkbox"/> Monthly \$65 + gst = <b>\$68.25</b>            |

**CHOOSE YOUR METHOD OF PAYMENT:**

- |   |  |
|---|--|
| <input type="checkbox"/> Credit card (Square payment)   | <input type="checkbox"/> Check * # _____ |
| <input type="checkbox"/> Debit  | <input type="checkbox"/> Cash            |
| <input type="checkbox"/> Postdated checks* #'s _____, _____, _____, _____, _____, _____, _____, _____, _____, _____ |  |

\*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