** SJ Karate –Club**

**MEMBERSHIP REGISTRATION FORM**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT/MEMBER INFORMATION**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_Work Phone \_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facebook: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION**

1. Do you have any history of heart trouble? Yes \_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_

2. Have you ever experienced pain or tightness in your chest? Yes \_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_

3. Have you ever had a stroke? Yes \_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_

4. Do you have high or low blood pressure? Yes \_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_

5. Do you often suffer from severe dizziness? Yes \_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_

6. Do you have diabetes? Yes \_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_

7. Are you pregnant? Yes \_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_

8. You have asthma? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ Do you need an inhaler? Yes \_\_\_ No \_\_\_

9. Do you have epilepsy or seizures? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If your answer ‘Yes’ to any of the above questions, you may need a physician release to utilize the Karate Club, classes, facilities, activities, and/or tournaments; otherwise, I/we will be practicing at my/our own risk and will take full responsibility. \_\_\_\_\_\_ (Student/Member/parent Initials)

**EMERGENCY CONTACT**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MARTIAL ARTS BACKGROUND**

**Years of previous training: \_\_\_\_\_\_\_ Style: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTICE TO STUDENT / PARENT / MEMBER AND LIABILITY RELEASE AND WAIVER**

**\_\_\_\_\_\_\_\_**By registering for this program, I acknowledge that the activities carried on have risks. I have independently reviewed and evaluated the risks and determined to engage in the program with full knowledge and acceptance of ANY and ALL risks. I expressly assume all risks of injury, including death and WAIVE, on behalf of myself, heirs, and assigns, and my children, any claims or lawsuits, against David Crosby, Seleny Crosby, and their relatives, the SJ Karate –Club, and/or affiliated dojos inside or outside the State of Utah. This waiver includes shareholders, officers, instructors, owners, employees, visitors, students, parents, LANDLORDS, partners, volunteers, agents in the United States, arising out of any loss or injury while inside or outside of ANY premises or related to the activities in this program, whether such loss or injury results from the negligence or not of the SJ Karate –Club, or any representatives, inside or outside the State of Utah, their shareholders, officers, instructors, owners, employees, visitors, students, parents, landlords, volunteers, agents in the United States, or some other cause.

**\_\_\_\_\_\_\_\_**I further agree to hold harmless David Crosby, Seleny Crosby, SJ Karate Club, and affiliated or related dojos outside or inside the State of Utah, their shareholders, officers, instructors, owners, employees, visitors, students, parents, landlords, partners, volunteers, agents in the United States, for any injury or property damage resulting from my participation or my child’s participation in this program, waiving ANY and all my rights for ANY lawsuit, including ANY costs of defense, court fees, and attorney fees.

**\_\_\_\_\_\_\_\_If** signing on behalf of a minor, I also agree to hold harmless David Crosby. Seleny Crosby, and the SJ Karate Club and/or affiliated dojos inside or outside the State of Utah, their shareholders, officers, instructors, owners, employees, visitors, LANDLORDS, students, parents, partners, volunteers, agents in the United States, for ANY and ALL claims, or lawsuits, asserted by or on behalf of the minor, or otherwise arising out of the injuries or death of the minor, including defense costs and attorney fees.

**\_\_\_\_\_\_\_\_DAMAGE TO PROPERTY** If Student/Member willfully, neglectfully, by accident, or any event, does damage to any SJ Karate Club property, or any of the SJ Karate training facilities’ property, or related activities, the total cost of repairing or replacing such damaged property shall be paid for by Student/Member or the parents if a minor.

Note: Occasionally, during training, specials seminars, or tournaments, we enjoy taking pictures of the event and would like to include these on our website, Facebook, or posters for advertisement.

**\_\_\_\_\_\_\_\_** (Student/Parent/Member Initials) I/We grant permission to SJ Karate -Club & the photographer to reproduce the photographs and/or videos taken of me, or members of my family, for publication, promotion, illustration, advertising, or trade, in any manner or any medium.

\_\_\_\_\_\_\_\_\_ Fees are due the first day of each month and are **not** refundable. If paid one day after, 10% late fee will ba added and should be paid.(Student/Parent/Member Initials.

\_\_\_\_\_\_\_\_\_I/WE will make my/our monthly payments and belt promotion fees to SJ Karate officials or online.

\_\_\_\_\_\_\_\_ I (We) hereby acknowledge that I (We) have read, understood, and have agreed to all the terms of this Membership Agreement, including the additional terms on the back of this Membership Agreement and that I (We) have received a signed copy of this Membership Agreement.

\_\_\_\_\_\_\_\_ I (We) hereby acknowledge the Dojo may be closed between 3 to 10 days when attending tournaments out of town or out of the State, and make-up classes cannot be guaranteed.

\_\_\_\_\_\_\_\_ Si hablamos Espanol, Portugese, se nos explico claramente el contenido de este documento (ambos lados) y estamos en total acuerdo.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student / Member Approving Officer Agent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Party (if different from Student/Member/Parent/Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_