



TRI-CITY KARATE SCHOOL MEMBERSHIP REGISTRATION

Welcome to Tri-City Karate (TCK) where our goal is to provide an exceptional experience to students of all ages in traditional and sport karate.

This registration document is 3 pages long and helps us get to know you better. Please fill out pages 2 and 3. The registration requests student information, contact information and outlines pricing, as well as includes our waiver and information on approved equipment.

At TCK we strive to provide a fun and challenging environment where all students can reach their full potential in Karate. At TCK we offer a one week free trial for all new members to try out the program and get to know the instructors and fellow students. If you do not feel it is a good fit there is no obligation.

If you have any questions or comments please feel free to contact us at bmtckarate@gmail.com

Thank you for your interest in our school. We hope you'll enjoy the experience.

Junya Yamamura

Chief Instructor

Tri-City Karate



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CONTACT INFORMATION

Student Name: _____
(Surname, Given name)

Name: _____
(Parent or Guardian)

Student Date of Birth: _____ Age: _____

Phone Number: (____) _____

Email Address: _____

Address: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Phone Number: (____) _____

MEMBERSHIP FEES

Student Fee per **month**: \$60 (incl. GST)
(Fees allow students to train at TCK as well as affiliated dojos)

Annual Membership fees: (due in September and on joining):

- White to Blue Belts (under 16 as of Sept. 1st)
Covers membership fees to Karate BC and Seiko-kai
- Please ask instructors for other ages and levels \$ 55

I also need an introductory uniform and white belt: ☐ \$ 40

Methods of Payment:

At this time Tri-City Karate School accepts payments by 10 month postdated cheque or cash. Please bring registration and payment to the club at **2261 Central Ave, Port Coquitlam**. Cheques should be payable to **Junya Yamamura**.

Thank You! Train Hard! Have Fun!



TRI-CITY KARATE SCHOOL

MEMBERSHIP REGISTRATION

NOTE TO KARATE STUDENTS: This waiver allows any person (hereinafter "Student(s)") to attend Tri-City Karate School. All "Students" are aware of the following:

1. No tapes, splints or protective equipment may be worn during training sessions without the approval of the instructor. Exceptions are approved protectors, e.g., scrotal protectors, fist protectors, and shin pads. A mouth guard is compulsory for sparring or kumite practice.
2. Approved safety sports glasses will be permitted. Regular eyeglasses are not allowed in sparring or kumite practice.
3. In the interest of safety, all finger and toe nails must be trimmed short.
4. No personal jewellery may be worn during karate training sessions.
5. All "Students" are who suffer injury before or during their participation in Karate classes are advised to consult with their physician before continuing with practice. Any injury should be reported to the instructor. It should be noted that the full extent of some injuries might not manifest themselves for some time following the injury (e.g. abdominal injuries or head injuries). Hence, anyone who has continuing symptoms or who is concerned about an injury should consult his or her physician as soon as possible.

ASSUMPTION OF RISKS:

By his/her signature below, the "Student" or Parent/Guardian if under 19, acknowledges that he/she has read the 'Note to Karate Students' above. The Student hereby acknowledges that the student is physically fit and capable of engaging in this TriCity Karate Class. The Student (or Student's parent or guardian if a minor) understands and acknowledges that there are inherent risks of personal injury in participating in any exercise program. These injuries may arise through the actions of the above mentioned Student, other Students, and/or the Instructor(s). The Student understands that participation in contact and non-contact practice or drills is wholly voluntary. The Student hereby voluntarily assumes all risk of personal injury while attending or participating in any program of instruction, training, or practice involved with this program. It is also understood that the Student will consult his/her physician for a physical examination should an examination be requested by the Instructor(s).

Furthermore, the Student hereby releases Tri-City Karate School, Shito-Ryu Seiko-Kai Karate-Do Association of BC, its employees, agents, successors, assigns, directors or volunteers from any and all liabilities arising out of or connected with any loss, damage, injury or expense suffered or sustained by the Student as a consequence of or in connection with his/her participation in the Classes or any activity related thereto.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the Tri-City Karate School permitting the Student to participate in its activities, the Student hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that the Student has or may in the future have against Tri-City Karate School, Shito- Ryu Seiko-Kai Karate-Do Association of BC, directors, officers, employees, agents and representatives, (all of whom are hereinafter collectively referred to as the 'RELEASEES') and TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury, or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the Tri-City Karate School activities. DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, R.S.B.C. 1996, c. 337, ON THE PART OF THE RELEASEES;
2. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
3. This Agreement shall be governed by and interpreted in accordance with the laws of the Province of British Columbia; and
4. Any litigation involving the parties to this Agreement shall be brought within the Province of British Columbia.

In entering into this Agreement I am not relying upon any oral or written representation or statement made by the Releasees other than what is set forth in this Agreement.

I have read and understand this agreement and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against the Releasees.

Signature of Student (OR parent/Guardian if Student is under 19)

Signed this _____ day of _____, 20____

Print Name

Witness