



Wado Karate Association of Canada

Personal Application Form

Last name.....

Given names.....

Address.....

Postal Code.....

email.....

Tel: Home.....

Tel: Business.....

Tel: Fax.....

Date of Birth.....

Married Y/N

Age.....

Occupation.....

Male / Female.....

Current Style.....

Current rank.....

Dojo Address.....

Instructor.....

Are you/ have you ever belonged to another karate organization? If so, please give particulars below. eg. Style, Club, Instructor, Rank, Years of Training, Reason for leaving, etc.

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Office Information:

Registration # Date accepted: Date Terminated: Signature:

Wado Karate Association of Canada

Waiver

I,, have read and fully understand the rules and regulations and the by-laws of Wado Karate Association of Canada and upon the acceptance of my application I agree to abide by the rules and regulations and by these by-laws. In consideration of the acceptance of my application for membership, I release and discharge Wado Karate Association of Canada, its officers, members, directors, and authorized guests from any action, claims and demands for damage, loss or expense, injury to property or person arising out of or in any way connected with my membership in Wado Karate Association of Canada.

I further acknowledge that, as a member of this Association, I will be involved in activities that are physically demanding and potentially pose a risk of physical injury to me. I acknowledge that it is my responsibility to consult with my physician to ensure that I am physically capable of undertaking the strenuous physical activity which I may be asked to participate in as a member of this Association. I am 19 years of age, or older.

Dated at the City of, in the Province of,
this.....day of, 20.....

Signature of Applicant.....

Signature of Witness.....

*** Authorization is Required by Legal Guardian if Applicant is Under 19 Years of Age.***

The Applicant,....., is under the age of 19 years. I am the guardian of, and I acknowledge and agree to all the terms and conditions set out above.

Signature of Legal Guardian.....

Guardian of

*Print this complete form and waiver and send both completed parts to:
Sensei Erich Eichhorn, 983 Arngask Avenue, Victoria, BC, Canada, V9B 0G4*