

Admission / Consent Form.

Please complete in BLOCK letters.

NAME OF APPLICANT IN FULL

DATE OF BIRTH (dd/mm/yyyy)

/ /

SEX

CITIZENSHIP

RELIGION

MINOR/ADULT

*WORK PLACE

*DESIGNATION

*CELL PHONE

*POSTAL ADDRESS

*E-MAIL

*RESIDENCE

HIGHEST QUALIFICATION AND OR CURRENT SCHOOL / EDUCATION CENTER / FACULTY / SYSTEM

*Indicate details of parents/guardian incase applicant is a minor.

PARENTS's/GUARDIAN's DETAILS (incase applicant is a minor) or Emergency / other contacts for adults.

Contact 1

Contact 2

Name

Name

R/ship to student

R/ship to student

Cell phone 1

Cell phone 1

Cell phone 2

Cell phone 2

GENERAL INFORMATION.

Current Physical condition? Any previous martial arts experience? If yes, how long and to which rank?

Why do you wish to train Karate?

How did you know about our Shotokan Academy?

MEDICAL INFORMATION.

Name of Student's Physician / Medical Care Provider

Address

Cell phone

Does student have any disabilities? Y / N

If yes, please describe disability and limitations

Does student have any allergies (including medication reaction)?

Should we have any other medical or dietary information in case of any emergency situation?

Is student taking any medication (please include inhaler(s) and types of medication)?

Any additional information or special conditions we should know about?

Health Insurance Coverage/Medical Assistance Benefits Policy Number (if known) & Contacts

Please Check Each Item Below To Indicate Consent

Obtaining emergency medical care

Administration of minor first-aid procedures

Running and/or jogging inside or outside the training center

Holiday functions, Special Events & other activities

DECLARATION

I declare that the above details are true and correct in every respect. I have read and understood the rules, regulations and conditions plus the waiver/consent/release information (as provided on our website and/or by the center) governing the admission and agree to abide and dully consent to them all.

Signature

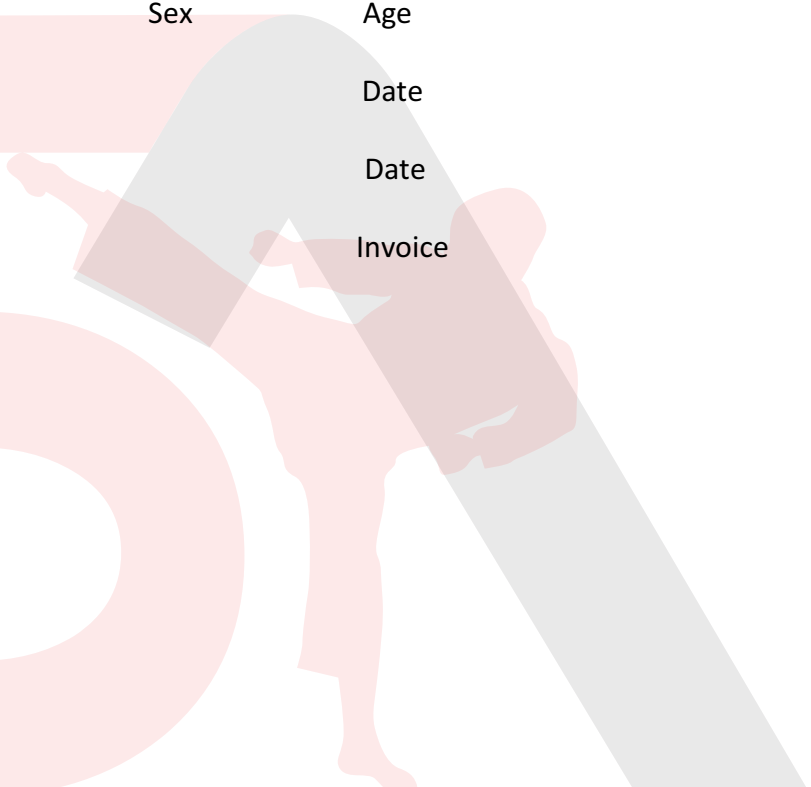
Date

Note

- Please dully fill, print and hand over 3 hard copies along with 2 passport size photographs,
 - Shotokan Academy Ltd reserves the right of admission.
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FOR OFFICIAL USE ONLY

Full names	Sex	Age
Application Status (Approved / Rejected)		Date
Director's Approval		Date
Admission No.		Invoice
No.,		
Remarks		



Participant's Consent, Waiver and Release document.

In consideration for being admitted at The Shotokan Academy, the undersigned:

1. Agrees to pay Admission fee prior to enrolment and concurrently settle the tuition / course fee in full or as agreed by Management. Once admitted, both admission fee and course fee stand payable. They are as well non-refundable and non-transferable.
2. Agrees that he/she shall inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she shall immediately advise his/her coach/instructor of such condition(s) and may refuse to participate.
3. Acknowledge and fully understand that each participant will be engaging in activities that involve risk (s) of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from his/her own action(s), inaction or negligence, but the action(s), inaction or negligence of others, the rules of play, or the condition of the premises of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
4. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
5. Release, waive, discharge and covenant not to sue the Shotokan Academy Ltd: A KWF and KKF affiliated Academy plus any others not mentioned herein, its / their affiliated Academies/clubs, the respective administrators, directors, Managers, agents, coaches, instructors, or any other employees of the aforementioned organizations and entities, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event(s), all of whom are hereinafter referred to as "releasees", from any and all liability to each or any of the undersigned, his/her heirs and next of kin, for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

I have read the above waiver and release and fully understand that I have given up substantial rights by signing it and sign it voluntarily.

Print Name of Participant

Print Name of Minor Participant's Parent or Guardian

Date and Signature of Participant (or Minor Participant's Parent or Guardian)