Desa School of Karate
a division of
M.E.M. Karate Ltd.
3 Rowland Cres
St. Albert, AB T8N 5B3
458-6931 desakarate@shaw.ca

PARTICIPANT NAME _____
(Last) (First)

ADDRESS _____
(Street, City, Province) (Postal Code)

TELEPHONE _____ DATE OF BIRTH _____
(Day/Month/Year)

EMAIL _____

MOTHER'S NAME _____
ADDRESS o as above

_____

_____

PHONE _____ WORK _____

FATHER'S NAME _____
ADDRESS o as above or

_____

_____

PHONE _____ WORK _____

I would like to register for **Cardiff Fri 5:00 ____ 5:45 _____ 6:30 _____ Kickstart_____**
Legal Tues 5:00 ____ 5:45 _____ Kickstart_____

Current Rank _____

Fee Enclosed _____

MEDICAL STATUS
Does your child have any medical conditions or on any medications that we should be aware of?

_____

PLEASE READ CAREFULLY
RELEASE & WAIVER

I acknowledge that Karate, related martial arts and self defense are full body contact activities and as a consequence, there is a risk of physical injury while participating. I further acknowledge having read this Liability release carefully and confirm that I understand its terms and agree to be bound by it.

In consideration of M.E.M. Karate Ltd. accepting this application, I, the undersigned, for myself, my heirs, Executors, administrators and assigns release M.E.M. Karate Ltd., its servants, agents, directors and employees from any claims, demands, damages, person or property while attending at or participating in a Karate, self-defence, martial art or related activity notwithstanding any such loss, injury or damage may have arisen by reason of the negligence of M.E.M. Karate Ltd., its servants, agents or employees. Without limiting the generality of the foregoing, I further release any recourses which I may now or hereafter have resulting from any decision of M.E.M. Karate. Ltd.

DATE: _____

WITNESS _____ SIGNATURE _____
Parent or Guardian (if required if under 18)