



Lacombe Karate & Kickboxing Registration Form

Name: _____ Age: _____ Birthday: (d/m/y) _____

Street/Box Address: _____

City: _____ Postal Code: _____ Phone: () _____

E-mail: _____

Parent or Guardian (if under 18):

In Case of Emergency Notification:

Name: _____

Street/Box Address: _____

City: _____ Postal Code: _____ Phone: () _____

RELEASE AND INDEMNITY - PLEASE READ CAREFULLY

Due to my desire to participate in activities of Lacombe Karate & Kickboxing, I am assuming all risks and hazards which may happen while taking part in the activities. I release Lacombe Karate & Kickboxing and all of its staff, supervisors and instructors of any claim that I may have as a result of participation. Payment of fees, either in person or by an agent, is an acknowledgment of any and all risks involved in the activities and a waiver of any claim. There are NO REFUNDS on membership fees. I fully understand that any medical treatment given me will be of FIRST AID nature only. I consent that any pictures taken of me in connection with the Lacombe Karate and Kickboxing can be used for publicity or promotion and I waive compensation in regard thereto. I will uphold and follow the rules of the dojo.

Date: _____ Signature: _____
(student)

(parent/guardian)

(witness)