

Women in Karate '09 Registration Form

Participant Information

Given Name _____

Family Name _____

Date of Birth _____

Address

Street _____

City _____

Province _____

Postal Code _____

Contact Information

Phone _____

Fax _____

Email _____

Emergency Contact _____

Emergency Phone _____

Medical Information

Allergies _____

Injuries _____

Medical Conditions

Camp Fees

Camp Fee	\$225.00	
Late Fee	\$50.00	(If mailing payment after April 24)
Total	\$_____	

Please remember that we will not accept personal cheques as a mode of payment. The accepted modes of payment are: money orders, bank drafts, cashier cheque, certified cheque, cash.

Please note that all participants are responsible for their own travel and medical insurance coverage, respectively. Please read and sign this registration form, the 'Acknowledgement of Risks' form (see page 3) and send them in by mail to this address:

Women in Karate '09

3484 boul. Des Sources
Dollard-des-Ormeaux (QC) H9B 1R4

Alternatively, you can email them to summercamp2009@hotmail.com. Please send your payment to the address above. Those who want to transfer funds electronically should contact us by either by email or phone (514-567-7155) first.

Signature of Participant

Signature of Parent or Legal Guardian if less than 18 years of age

Acknowledgement of Risks

I, the undersigned, acknowledge and recognize the following aspects as relates to my participation in any and all activities related to Women in Karate '09:

1. I am familiar with and accept that there is always the risk of serious and even fatal injury resulting from participation in any organized recreational activity, including the demonstrations, and training sessions (and like activities) offered as part of the program of Women in Karate '09;
2. I understand that all applicable rules of safety regarding my participation must be followed;
3. I will immediately remove myself from participation, and notify the nearest official if at any time I sense or observe any unusual hazard or unsafe condition or if I experience any problems in my physical, emotional or mental fitness, or that of my equipment.

And I have signed on this _____ day of _____ 2009

at _____, _____, Canada.
(City) (Province)

Printed Name of Participant: _____

Signature of Participant: _____

Printed Name of Witness: _____

Signature of Witness: _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____