JAPANESE CANADIAN CULTURAL CENTRE
日系文化会館

Application For Martial Arts / Yoga

Class: Aikido ( ) Iaido ( ) Judo ( ) Karate ( ) Kendo ( )
Naginata ( ) Shorinji Kempo ( ) Kyudo ( )

Date of Application: _____/_____/_____ (MM DD YY) Male ( ) Female ( )

Name: _____ (Surname) _____ (Given Name)

Address: _____ (Street, Apt # (if applicable)) _____ (City) _____ (Postal Code)

Telephone: (_____)_____ (Home) (_____)_____ (Business)

Date of Birth: _____/_____/_____ (MM DD YY) Height: _____ Weight: _____

JCCC Membership no. _____ Expiry Date: _____/_____/_____ (MM DD YY)

Previous Training (please circle one): YES NO

If Yes, Name of Club: _____ Colour of Belt (if applicable) _____

Medical History

I acknowledge that by participating in the Martial Arts program, I will be involved in rigorous physical and mental training and contact, and therefore it is important to disclose to the JCCC any health impediment which would impair my ability to participate in any way in the Martial Arts program. Set out below is my medical history. (*Please provide details on a separate sheet if necessary)

Heart Ailment ( ) Hernia ( ) Surgery ( )
Fractures ( ) Injuries ( ) Other ( ) _____
(Bone Disease ( ) Epilepsy ( )

Release of Liability

I hereby make application to join the Martial Arts program checked above, and upon acceptance of my application, I agree to abide by the rules and regulations set by the JCCCC in connection with the program. In consideration of the JCCC accepting my application to join the program, I hereby release the Japanese Canadian Cultural Centre, its directors, officers, employees, instructors, members, volunteers and invitees and licensees from any and all claims, demands, actions, causes of actions, or any other liability or obligation whatsoever arising out of or in connection with my membership or participation in the Martial Arts program of the JCCC, which relating to personal injury or damage to or loss of property or otherwise, whether going to or away from or at or in the premises of the JCCC or elsewhere, and whether in contact or in tort.

_____ (Signature of Applicant) _____ (Date)

If under the age of 18 years, the parent of the applicant must consent to this application by signing below.

_____ (Signature of Applicant) _____ (Date)