**POWER OF SELF GOJU SELF-DEFENSE PROGRAM**

**REGISTRATION FORM**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_ Zip code\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Center Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Training location, known as the “**Karate Center**” in this agreement)

1. **Reservations of rights:** We reserve the right to alter the days or

hours of operation, and the right to amend the cost, add, modify and or eliminate any program, activity, class or service in our sole discretion. Initials\_\_\_\_\_\_\_\_\_\_

1. **Use of Karate Center:** You agree and understand that you are

engaging in physical exercise and aerobic type activity in using the Karate Center. This includes your participation in any activity in the center, class, program, or instruction and any equipment used. You agree that you are voluntarily participating in these activities in using the Karate Center. You agree and accept full responsibility for any injuries, including death, that may occur while training in the Karate Center or participating in an event that is outside of the center, but is in affiliation with your training whether the injury/death occur during such event or traveling to or from the event or the Karate Center. Initials\_\_\_\_\_\_\_\_\_\_\_\_

1. **Student’s responsibility:** You agree to consult with your physician

before using our services and center. You understand and acknowledge that we have no expertise in diagnosing, examining or treating any medical condition. You agree that information given to you regarding your health is of a general nature and does not act as a substitute for professional advice. Initials\_\_\_\_\_\_\_\_\_ You agree you will not use the Karate Center with any medical condition, including open cuts, abrasions, sores, infections, maladies or inability’s to maintain personal hygiene, if such condition poses a direct threat to the health or safety of yourself or other.

You agree that you will use the Karate Center in accordance with all applicable public health requirements. Initials\_\_\_\_\_\_\_\_\_\_\_ It is your responsibility to consult with your physician to determine if any of these medical conditions exists, and if so, whether such condition poses a direct threat to the health or safety of yourself or others. Initials\_\_\_\_\_\_ The Karate Center reserves the right to make the final determination in this regard. Initials \_\_\_\_\_\_\_\_

**Please list all medical conditions:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Student’s rules and regulations:** You agree to follow all rules and

regulations, use of equipment, personal hygiene and attire. The Karate Center and staff will not be responsible for personal items or clothing left unattended after class. Initials \_\_\_\_\_\_\_. We reserve the right to cancel or suspend your membership without refund, if you fail to follow any rules and regulations, for reasons of nuisance, disturbance or other students, moral turpitude or fraud, or if we determine your actions may endanger yourself or other persons. Initials\_\_\_\_\_\_\_\_\_

1. **Parent/guardian agreement:** I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the legal

parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I accept full responsibility for my child’s actions towards fellow students in the Karate Center. Initials\_\_\_\_\_\_\_\_\_. I agree to bring my child on time and prepared for all classes. I further agree that I will pick up my child promptly at the end of each scheduled class. If I am unable to pick up my child, I will notify the instructor and provide a responsible individual to escort my child home. Initials\_\_\_\_\_\_\_\_. I understand that my child will be participating in physical and aerobic type exercises and activities. I understand that the Karate Center is a structured atmosphere and it is run in a military like fashion. Students are required to follow directions and students with discipline problems will be subject to verbal and/or physical discipline. Initials\_\_\_\_\_\_\_\_. I agree to make periodic visits to the karate class to monitor my child’s progress. Initials\_\_\_\_\_\_\_. I agree to first consult with the instructors if I have any questions about the training methods or any problems with my child in said class. Initials \_\_\_\_\_\_\_\_. I have been informed of the need for a physician’s approval for my child to participate in this physical activity. I have been informed that it is my responsibility to purchase the necessary safety equipment and uniforms for my child to participate in this program. Initials \_\_\_\_\_\_\_\_\_\_\_.

1. **The student/parent agrees** that in the event that they are injured in any way or

suffer any medical condition, or death, as a result of participating in this karate program and center, the student or parent or guardian of students , if under 18, hereby waive any claims, demands or cause of action and release from any liability whatsoever, the Power of Self Goju/Self-defense Program and organization, the facility and their agents (including the instructors). Initials\_\_\_\_\_\_\_\_\_. By entering upon the premises, please be reminded that your photograph or image may be taken in any public place. As such, you hereby agree to relinquish any reasonable expectation of privacy and understand that the use of your image does not violate any right of privacy, law, regulation or agreement. Moreover, you hereby grant permission and authorize others to use, any photograph, motion picture, image, recording, or any other record of your participation in activities within the Karate Center or in locations affiliated with the center, throughout the universe, in perpetuity, in all media and means, now known or hereafter developed or discovered, for commercial purposes or any other legitimate purpose whatsoever. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. This contract constitutes the entire agreement between parties and is governed by the laws of New York State, preempted, by Federal Law.

Student (over 18)/Parent’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_