FOLEY'S FAMILY KARATE - ZEN BEI BUTOKU KAI MARTIAL ARTS DOJOS

REGISTRATION FORM AND LIABILITY WAIVER

| Address: City: Phone: Birth Date: E-Mail: Martial Arts Background: Health Problems: Occupation: Person to contact in case of emergency: and their contact number Cheques payable to 'Steven Foley'; or use cash, debit, credit or | includes 1 month training, uniform, membership) |
|--|--|
| City: Phone: Birth Date: E-Mail: Martial Arts Background: Health Problems: Occupation: Person to contact in case of emergency: and their contact number Cheques payable to 'Steven Foley'; or use cash, debit, credit or the contact number | • |
| City: Phone: Birth Date: E-Mail: Martial Arts Background: Health Problems: Occupation: Person to contact in case of emergency: and their contact number Cheques payable to 'Steven Foley'; or use cash, debit, credit or the contact number | uniform, membership) |
| Phone: Birth Date: E-Mail: Martial Arts Background: Health Problems: Occupation: Person to contact in case of emergency: and their contact number Cheques payable to 'Steven Foley'; or use cash, debit, credit of the contact number | |
| E-Mail: Martial Arts Background: Health Problems: Occupation: Person to contact in case of emergency: and their contact number Cheques payable to 'Steven Foley'; or use cash, debit, credit of the contact of | Adult $(18+) = 105 |
| E-Mail: Martial Arts Background: Health Problems: Occupation: Person to contact in case of emergency: and their contact number Cheques payable to 'Steven Foley'; or use cash, debit, credit of the contact of | Kids (8-17) = \$95 |
| Martial Arts Background: Health Problems: Occupation: Person to contact in case of emergency: and their contact number Cheques payable to 'Steven Foley'; or use cash, debit, credit of the contact o | |
| Martial Arts Background: Health Problems: Occupation: Person to contact in case of emergency: and their contact number Cheques payable to 'Steven Foley'; or use cash, debit, credit of | REGULAR MONTHLY FEES: |
| Health Problems: Occupation: Person to contact in case of emergency: and their contact number Cheques payable to 'Steven Foley'; or use cash, debit, credit of the contact number is a second of the contact number in the contact number is a second of the con | Adults $(18+) = $65/mo$ |
| Occupation: Person to contact in case of emergency: and their contact number Cheques payable to 'Steven Foley'; or use cash, debit, credit of | Kids $(8-17) = $55/mo$ |
| Person to contact in case of emergency: and their contact number Cheques payable to 'Steven Foley'; or use cash, debit, credit of the contact of the contac | FAMILY DISCOUNT: |
| Person to contact in case of emergency: and their contact number Cheques payable to 'Steven Foley'; or use cash, debit, credit of the contact of the contac | \$10 OFF for second |
| case of emergency: and their contact number Cheques payable to 'Steven Foley'; or use cash, debit, credit of | family member |
| case of emergency: and their contact number Cheques payable to 'Steven Foley'; or use cash, debit, credit of | HALF PRICE for any |
| Cheques payable to 'Steven Foley'; or use cash, debit, credit of | additional family |
| | members |
| | |
| | ard at the class |
| I understand and acknowledge that the risk of personal injury is present in learning and p | practicing the Martial Arts. In |
| return as being accepted as a student of Foley's Family Karate dojos, I agree to accept fu | |
| damages whether or not caused by negligence, and that neither the members, directors, or | |
| centre, club, or school nor any of it?s instructors, students, or guests will be held respons | |
| loss, or expenses however caused. | |
| Participa | nt Initials: |
| Photo Release: I give Foley's Family Karate permission to photograph myself; and to us | se these photographs for |
| display and any futurepromotional materials without compensation. | |
| | ant Initials: |
| If I am under the age of 18 years of age, my parent's or guardian's signature is to confirm | n this agreement and to serve as |
| an indemnification of any claim which may be asserted. | |
| Please sign: | |
| Date: Witness: | |