



Cedar Creek Karate for Christ Registration Form

Personal Information

Applicant's Name: _____

Age: _____ Birth Date: _____ Sex: _____

Parent(s)/Guardian(s) Names: _____

Street Address: _____ Apt. or R.R.: _____

City: _____ Postal Code: _____

Home Phone #: _____ Work #: _____

E-Mail Address: _____

Emergency Contact: _____ Emergency Phone #: _____

Physician: _____ Physician's Phone #: _____

Martial Arts Training

Disciplines Studied: _____

Official Ranks Held: _____

Dojo Name(s): _____

Total Years of Study: _____

Uniform Size: _____ Belt Size: _____

Church Background

Would you consider yourself to be a Christian? _____ How long have you been a Christian? _____

Name of the church where you actively participate: _____

Location: _____

(Please complete next page)

WAIVER AND RELEASE AGREEMENT

In consideration of being allowed to participate in any way in CEDAR CREEK KARATE FOR CHRIST martial arts classes and competitions, related events, and/or activities,

I, _____, acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, including permanent disability and death, severe economic losses which might result not only from my own actions, inactions, or negligence, but from the actions, inactions and/or negligence of others, or the condition of the premises or any equipment used. Further, I understand that there may be risks not known to me or not reasonably foreseeable at this time.

I fully assume all such risks, and accept personal responsibility for the damages following such an injury, permanent disability or death.

I confirm that I am fit to participate in CEDAR CREEK KARATE FOR CHRIST classes, related events, programs and/or activities.

I forever release and waive all rights to sue CEDAR CREEK KARATE FOR CHRIST, its administrators, owners, directors, agents, coaches, other employees of the organization, other participants, sponsoring agencies, sponsors, and, if applicable, owners and lessors of the premises (collectively the "RELEASES") or to otherwise pursue claims against any of the RELEASES, and discharge, hold harmless, and promise to indemnify from any and all liability, claims, demands, losses, damages, costs and expenses (including legal expenses) on account of injury, or otherwise, including death or damage to property, caused or alleged to be caused in whole and in part by any action, inaction, or negligence of the RELEASES, or arising in any way from my participation in the activities of CEDAR CREEK KARATE FOR CHRIST. This WAIVER and RELEASE AGREEMENT is binding upon my heirs, legal personal representatives, successors, and assigns.

I understand that Cedar Creek Karate for Christ reserves the right to refuse or cancel any membership due to misconduct, or failure to obey safety rules and training protocols.

I have read the above Waiver and Release Agreement, understand it fully, and agree fully to its terms and conditions.

Student's signature: _____

(If participant is under the age of 18, this form must be signed by a parent or guardian)

PHOTO PERMISSION FORM

I, _____, hereby give CEDAR CREEK KARATE FOR CHRIST permission to use my likeness in photography for publications, promotional purposes, website, media press releases and coverage, and any other purpose on behalf of CEDAR CREEK KARATE FOR CHRIST. I understand that I or my minor child (under age 18) will not receive compensation for the use of this likeness in any form.

Student's signature: _____

(If participant is under the age of 18, this form must be signed by a parent or guardian)

MEDICAL CONDITIONS

Please list in the space below any pre-existing medical conditions, allergies, etc. which CEDAR CREEK KARATE FOR CHRIST should be aware of.

Office Use Only

Registration Date: _____ Page 2 of 2

Registration (Donation) Received: \$ _____ Mode of Payment: _____ Date: _____
(Suggested Donation \$25)