**Shoto Ryu Jutsu Karate**

**Club Application**

**FULL NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**EMAIL ADDRESS**

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

**HOME PHONE NUMBER CELL PHONE NUMBER**

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

**EMERGENCY CONTACT DETAILS**

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE NUMBER**

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

**ANY MEDICAL RESTRICTIONS OR ALLERGIES**

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

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**SIGNATURE OF APPLICANT / PARENT/ GUARDIAN**

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

**RELATIONSHIP TO APPLICANT (IE. FATHER , MOTHER)**

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

**WAIVER AND RELEASE**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for myself or my dependant to participate and engage in the activities described below for the Shoto Ryu Jutsu Karate Club. I HEREBY WAIVE AND RELEASE the Shoto Ryu Jutsu Karate Club (hereinafter the “Released Party”) from any and all liability to the above named person or minor. I am fully aware of the risks involved in such above mentioned activity, and on behalf of myself or such minor, release from liability Shoto Ryu Jutsu Karate Club and waive any claims myself or such minor may have as a result of an accident, mishap or negligence of the Released Party and /or any other party under or affiliated with Release Party.**

**This waiver shall be binding on said minor, myself, his or her heirs, assigns and next of kin, and shall extend to the benefit of Release Party and its successors and assigns. I understand that the activities that the above named or minor will be involved in are inherently dangerous and may cause serious injuries, including bodily injury, damage to personal property and or death. By this waiver, the above named or minor assumes the risk, and takes full responsibility and waives any and all claims of personal injury, including severe bodily injury, damage to personal property and death relating to all training activities undertaken by Shoto Ryu Jutsu Karate Club.**

**To the best of my knowledge, the above named or minor does not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent him or her from participating in the above mentioned activity, and, if required he or she will obtain a medical examination and clearance if applicant so desires.**

**I HAVE READ AND FULLY AGREE TO THE TERMS OF THIS WAIVER AND RELEASE. I UNDERSTAND AND CONFIRM THAT BY SIGNING THIS WAIVER AND RELEASE I HAVE GIVEN UP CONSIDERABLE FUTURE LEGAL RIGHTS THAT THE ABOVE NAMED OR MINOR MAY HAVE AGAINST THE ABOVE NAMED RELEASED PARTY. I HAVE SIGNED THIS WAIVER FREELY, VOLUNTARILY, UNDER NO DURESS OR THREAT OF DURESS, WITHOUT INDUCEMENT, PROMISE OR GUARANTEE BEING COMMUNICATED TO ME. MY SIGNATURE IS PROOF OF MY INTENTION TO EXECUTE A COMPLETE AN UNCONDITIONAL WAIVER AND RELEASE OF ALL LIABILITY TO THE FULL EXTENT OF THE LAW. I AM MENTALLY COMPETENT TO ENTER INTO SUCH AN AGREEMENT.**

**I, declare that the foregoing is true and correct. Signed on this \_\_\_\_\_day the month of\_\_\_\_\_\_\_\_\_\_\_\_, in the year\_\_\_\_\_\_\_\_\_\_ in the Tri County of Yarmouth NS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicants Signature**

**Dependant / Minor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**