



# BEND KARATE CLUB

## APPLICATION FOR MEMBERSHIP

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email: \_\_\_\_\_

Occupation and/or Hobbies \_\_\_\_\_

Have you ever studied karate or any other martial art? \_\_\_\_\_

List any physical handicaps or limitations. (See page 2.) \_\_\_\_\_

In case of emergency, call \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Insurance company \_\_\_\_\_

### REGARDING PHYSICAL CONTACT DURING TRAINING

I understand this is a fighting art and there will be appropriate contact during training between BKC instructors and students. This is a requirement to train at the Bend Karate Club.

Appropriate contact is defined as non-sensual contact which occurs during blocking, attacking, and positioning. Inappropriate contact of any form will not be tolerated and should be reported immediately to Sensei, Instructors, or the BKC Black Belt Committee.

I understand that during karate training, appropriate physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific techniques, as well as to ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated reasons above.

Initial \_\_\_\_\_

### RELEASE INDEMNITY

I, intending to be legally bound hereby and as a condition of membership in the Bend Karate Club (herein referred to as BKC) do hereby release said BKC, the members, instructors, and representatives thereof, from any and all claims, liabilities, obligations, causes of action or demands that I or my administrators, executors, heirs or assigns may at any and all times hereafter have or obtain, due to or as a result of, any personal injury or bodily harm, sustained or suffered by me during, arising out of or as a result of any karate activity, physical or athletic activity, or physical instruction or sport conducted or carried on by or for said BKC, either by itself or with others, or occurring while I am on any premises of property occupied or used by said BKC. I further, intending to be legally bound hereby and as a condition of my membership do agree to indemnify and save harmless BKC, its members, instructors, and representatives, from any act committed or omitted by me during or arising out of or as a result of any activity or exercise or sport carried or participated in by said BKC, by itself or with others, or occurring on any premises of property or used by said BKC. I further release said BKC, its members, instructors and representatives from all claims of liability for any property or valuables lost, mislaid or stolen. I sign this fully realizing that karate is a martial art and my participation or engagement in the activities of said BKC may subject me to personal injury or bodily harm. I further have read the foregoing and fully understand the contents of this release indemnity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(If you are under 18 years of age, have your parents provide the Parent's Information requested on page 2)

**Parent's Information**

Parents, please provide the following information for students under 18 years of age:

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

**Approval and Acceptance by Parents or Guardian**

The undersigned, the parents or legal guardian of \_\_\_\_\_ have read the foregoing, understand the same and do hereby accept and agree to the terms, conditions and provisions of the foregoing Release Indemnity on behalf of ourselves and the said minor, intending to be legally bound hereby.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student Medical History**

**(All students complete by checking Yes or No.)**

Are you currently under medical supervision?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you suffer from any permanent physical disorders?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have a history of joint problems?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have any allergies?  Yes  No

Are you allergic to any specific medications?  Yes  No

Do you wear glasses or contacts?  Yes  No

Any other conditions that the instructor should be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_