



CAYMAN ASSOCIATED SCHOOL OF KARATE-DO

King's Sports Centre, P.O. Box 30359, Grand Cayman, KY1-1202, Cayman Islands

Phone: 1-345-925-3367 Email: caskkarate@gmail.com

International website: www.wado.ca School website: www.caskcayman.com

C.A.S.K. is a member of Wado Canada, WUKO, and ISKF

REGISTRATION FORM

Reg # _____

Please check the program you are registering for: Karate: Youth Women Only Co-Ed Adult Dai-Chi/Tai-Chi

NAME: Last First Mr Mrs Ms E-MAIL:

ADDRESS: PHONE:

DATE OF BIRTH: NATIONALITY: OCCUPATION: SCHOOL (if under 18):
Month/Day/Year

Have you practised any form of Martial Arts? NO YES
If YES, please explain where, style, rank attained.

MEDICAL HISTORY: Heart Ailment Epilepsy Asthma Diabetes Hernia Other, specify _____

MARKETING QUESTIONNAIRE (Your participation will help us in our efforts to promote the benefits of joining C.A.S.K.)
How did you hear about C.A.S.K. Word of Mouth Website Social Media Demonstration Business Card
 Ecay Trade Door Sign Poster Flyer Yellow Pages Newspaper Other
Did you look into joining another Martial Arts School? .Yes/No. If yes, why did you choose C.A.S.K.

WAIVER

I hereby apply for membership in the Cayman Associated School of Karate-Do (hereinafter referred to as C.A.S.K. or the School), and if accepted for membership, I agree to observe all the School rules and regulations and will respect the discipline of the instructors and that any training undertaken by me at the School will be undertaken at my own risk. I understand that, as with all physical training, martial arts training carries a risk of physical injury and I willingly agree to accept that risk if accepted for membership. I will also respect the rules and regulations established for the purpose of maintaining order and protecting the members from injury, and to respect the discipline of the instructor(s).

In consideration of acceptance of my application for membership, I hereby release and forever discharge C.A.S.K., its officers, members, directors, instructors, and authorized guests from any actions, claims and demands, for damages, loss or expenses, injury to person or property arising out of or in any way connected with my membership in or training at the School, however arising, which may hereafter be sustained by me in consequence of my membership in the School. I further acknowledge and agree that the School, its directors, officers, instructors and authorized guests shall not be responsible for any loss or theft of personal possessions brought by me onto the premises of the School.

Dated at: Cayman Islands, B.W.I, this _____ day of _____ 20____.

Signature of applicant: _____ Witness: _____

If Applicant is under 18 years of age, Parent or Guardian must sign below:

I hereby consent to the above application and in consideration of the acceptance of the application, I hereby agree to indemnify and save harmless, C.A.S.K., its officers, instructors, members, directors, and authorized guests of and from any liability of any nature or kind whatsoever arising out of or in any way connected with any claims or demands made by or on behalf of the applicant.

Dated at: Cayman Islands, B.W.I, this _____ day of _____ 20____.

Name of Parent/Guardian (Please print): _____

Signature of Parent/Guardian: _____

By signing the above, you indicate that you give permission for photos of your child (taken in this program) to be used in future C.A.S.K promotional materials.

I do not want photos of my child to be used for this purpose. _____ Parent/Guardian Initials