



**NL TSURUOKA KARATE REGISTRATION FORM**

<b>Name</b>		<b>First</b>		<b>Last</b>
<b>Birthdate</b>	(YYYY/MM/DD)	<b>Gender</b>	Male/Female	
<b>Address</b>				
<b>Phone</b>		<b>Cell</b>		<b>Home</b>
<b>Email</b>		<b>Alt Email</b>		

\*\*Email and text are used for the primary correspondence to parents for items such as last minutes cancellation.

**Physical Injuries/Medical Conditions**

**Previous Martial Art Training**

Dojo Location	Address
Paradise – Holy Innocents Church - Basement	297 Paradise Road , Paradise, NL
CBS – St. George’s Elementary School	234 Conception Bay Hwy, CBS, NL

**Fees(Term 1 – Sept to Jan, Term 2 Feb - June)**

<b>\$50.00 Annual Insurance/Registration</b>		
<b>\$175.00 Junior students (under 13)</b>	<b>\$200 Teens and PS Students</b>	<b>\$250 Senior Students</b>
Annual insurance fee is mandatory; other fees listed are for 3 month increments. Please make all cheques payable to NL Tsuruoka Karate. Any cheques that are NSF are subject to a \$30 addition fee.		

**Waiver** By signing this form, I hereby release and forever discharge **NL Tsuruoka Karate**, herein known as NL Tsuruoka of and from all claims, demands, action or causes of action, arising or to arise by reason of physical injury to the student named in this form caused to them while participating in organized activities by the NL Tsuruoka. This signature also authorizes NL Tsuruoka representatives to administer appropriate first aid and provide medical attention in my absence. I give my consent for NL Tsuruoka to take pictures or video of the above named student in documenting the activities of NL Tsuruoka. I grant NL Tsuruoka permission to use these for promotional and educational purposes in manuals, flyers, advertising, the world wide web or other publication. If you have concerns regarding any contents of this waiver please contact us at [tsuruoka.nl@gmail.com](mailto:tsuruoka.nl@gmail.com) or Sensei Au at (709) 834-7898.

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Parental Signature

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Date