



NL TSURUOKA KARATE

Student Registration Form

www.tsuruokanl.com

NL Tsuruoka Karate organization is directly affiliated with Organization of M. Tsuruoka Sensei - 10th degree black belt. Loose fitting clothing, such as sweat pants & plain white T-shirt should be worn until a Karate-Gi (uniform) is purchased. For further information please call Wing Au @ 834-7898 or visit www.tsuruokanl.com

Returning Student New Student

Name	First:	Last:
Age		
Date of Birth		
Gender		
Address		
Phone		
Alt. Phone		
Email Address		

** Please note that an email address is required as it is used for the primary correspondence to parents for items like last minute cancellations. Your email address will not be used for any other purposes

Physical Injuries/Medical Problems

Please indicate any physical injuries or medical problems that you feel you need to disclose.

Previous Martial Arts Training

Please indicate any previous martial arts training, and the level that you last trained.

Location of Training (Please choose one)

Dojo	Location
<input type="checkbox"/> Paradise Dojo (297 Paradise Road, Paradise, NL)	Basement of Holy Innocents Anglican Church
<input type="checkbox"/> CBS Dojo (234 Conception Bay Hwy, CBS, NL)	St. George's Elementary School Gym
<input type="checkbox"/> St. John's Dojo (14 University Avenue, St. John's, NL)	St. Andrews School Gym

Fees

<input checked="" type="checkbox"/>	\$45 Insurance/Registration Fee (paid annually)
<input type="checkbox"/>	\$90 Junior Students (Age 5 – 12)
<input type="checkbox"/>	\$105 Teens and Students
<input type="checkbox"/>	\$135 Senior Students

Annual insurance fee is mandatory; other fees listed are for 3 month increments. Please make all cheques payable to NL Tsuruoka. Any cheques that are NSF are subject to a \$25 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 the us at tsuruoka.nl@gmail.com or **Au Sempai** at (709) 834-7898.

Signature: _____

Date: _____