

REGISTRATION FORM 2013/2014

Date: \_\_\_\_\_ Previous/New

I would like to register myself/my child(ren) \_\_\_\_\_ Age(s): \_\_\_\_\_

my child(ren) \_\_\_\_\_ Age(s): \_\_\_\_\_

in the **8 WING TRENTON MARTIAL ARTS CLUB.**

Parent/Guardian name (if different then child(s)) \_\_\_\_\_

Address \_\_\_\_\_ Email address \_\_\_\_\_

Contact number (Home) \_\_\_\_\_ (work/cell) \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_ Number: \_\_\_\_\_

Special medical conditions/allergies/illnesses, etc. \_\_\_\_\_

OHIP#(s): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

**\*\*\* Membership Fees due by the 5th of each month, Cash or Credit Card Pre-Authorization Payment's or Post Dated Cheques accepted**

FOR OFFICE USE ONLY:	<i>Circle as appropriate</i>		
The applicant:	is/is the spouse of/is the child of		
a:	member of the Regular Force/member of the Reserve Force/ former service member/civilian		
Once a week	Twice a week	Noon hour only	Self-Defence/Tai Chi

Yearly Registration Member fees	Individual	Family
Military	\$16	\$32
Non-military	\$41	\$57
Monthly Fees	Individual	Family
Military	\$32	\$47
Once a Week	\$22	\$32
Non-military	\$37	\$52

(OVER)

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**RELEASE**

Know all persons by these present that I, \_\_\_\_\_ wishing myself/my child(ren)  
\_\_\_\_\_ to join the **8 Wing Trenton Martial Arts Club** and  
wishing myself/my child(ren) to participate in classes and tournaments of said Club.

**HEREBY ACKNOWLEDGE:**

1. That I have been advised and am aware that the club does not advocate full-contact sparring;
2. That I have been advised and am aware that even with protective equipment and under non-contact regulations accidents can occasionally occur;
3. That I accept full responsibility for my/my child(ren)s conduct while sparring and as a condition of my/my child(ren)s entrance into and participation in the Club, I/they hereby undertake to obey all health and safety regulations of the club, and not to unduly jeopardize the health and safety of myself/themselves or other members; and
4. That I do hereby release and forever discharge the **8 Wing Trenton Martial Arts Club**, 8 Wing/CFB Trenton, Her Majesty the Queen, Her Officers, Servants and Agents from any and all claims for loss, injury or damage to persons or property and all manner of actions, causes of actions, suits, debts, dues, accounts, bonds, covenants, contracts, claims and demands whatsoever arising from or contributed to by my/their participation in, or activities as part of the **8 Wing Trenton Martial Arts Club**.

I FURTHER ACKNOWLEDGE that I, as the parent/guardian will be at the facility at the end of each class my child(ren) attends in order to pick them up from class. **If my child(ren) are under the age of (12) twelve years I will be present the entire class for their supervision.**

**IN WITNESS THEREOF I have hereunto set my hand and seal this** \_\_\_\_\_ day of \_\_\_\_\_, in the  
year \_\_\_\_\_.

**SIGNED, SEALED and DELIVERED in the presence of**

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Parent/Guardian/Release Agent*