Montreal Wado Ryu

KARATE ASSOCIATION

514.229.5513

dojo-mwrka.com

montrealwadoryuassociation@gmail.com

Child's First Name _____ **Child's Family Name** _____

Address _____ **Postal Code** _____

Date of Birth _____ **Age** _____

Start Date _____

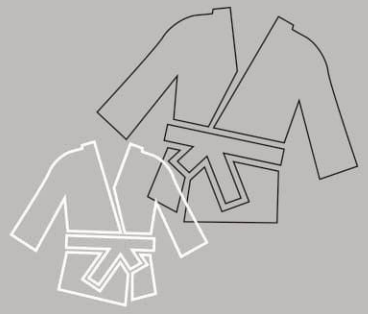
Parent/Guardian Name _____ **Phone Number** _____

Email _____

ASSOCIATION WADO-RYU KARATE DE MONTREAL

Does your child suffer from any of the following?
Please note: if your child is on medication, their heart rate may become unstable during training. If you are unsure, please notify the trainer.

	yes	no
HAY FEVER	☐	☐
EPILEPSY	☐	☐
HEMOPHILIA	☐	☐
NERVOUS DISORDER	☐	☐
ASTHMA	☐	☐
DIABETES	☐	☐
HEART DISORDER	☐	☐



ANY OTHER PLEASE SPECIFY _____

Do you accept that karate is a contact sport and therefore may carry a risk of serious personal injury to your child and others?

yes ☐ no ☐

I acknowledge that I have been made aware of the rules, by-laws, procedures, policies, and regulations that are permanently posted on our website dojo-mwrka.com, and that these have been explained to me during induction.

RATES

(September–June, 10 months):

One child: $120 per month ($1,200 for full year)

Two children (same family): $200 per month ($2,000 for full year)

One-time yearly package fee (per child): $150
(Includes Karate Gi, Grading, Syllabus Book, Belts, and Certificates. Due at the beginning of the session.)

PAYMENT METHODS

Interac e-Transfer: Send to montrealwadoryuassociation@gmail.com
Please include your child's name in the message.

Post-Dated Cheque: Made payable to Montreal Wado Ryu Karate Association (MWRKA)

All payments are non refundable

I give consent for photos and/or videos of my child to be taken for promotional purposes of the Association. My child's name will not be used or tagged.

yes ☐ no ☐

WAIVER

I, the undersigned parent/legal guardian, have read and fully understand the rules, regulations, and by-laws of Montreal Wado Ryu Karate Association. By signing this form, I agree that my child will abide by these rules and regulations as a condition of membership. I release and discharge Montreal Wado Ryu Karate Association, its officers, members, directors, and authorized guests from any action, claims, or demands for damage, loss, expense, or injury to property or person arising out of, or connected with, my child's participation in activities of the Association.

I further acknowledge that: Martial arts activities are physically demanding and carry a potential risk of injury. It is my responsibility to consult a physician to ensure my child is physically capable of participation. My child is participating voluntarily, under my consent as parent/legal guardian.

I understand the provisions of this document, and I sign it freely and knowingly on behalf of my child.

Child's Name (please print): _____

Parent/Legal Guardian Name (please print): _____

Signature of Parent/Legal Guardian: _____

Date (yyyy/mm/dd): _____