2100 Forbes Street, Unit #7 Whitby, Ontario L1N9T3

## APPLICATION FORM

Name of Student: Surname		First Name		
Street Address		City/Town		Postal
Date of Birth Month: Day:	_ Year:	Age:	Gender: N	M F
Education		Occupation		
Medical History				
Name of Parent or Guardian if under 21 years of age				
Parent Name		Telephone #		
Street Address		City/Town		Postal
Email Address				
Guardian Relationship to participant				
Guardian Name		Telephone #		
Street Address		City/Town		Postal
Email Address				
Emergency Contact: Name		Telephone #		
Name		Telephone #		
Previous Training				
Have you ever been refused admission to or been rejected	l and/or expelle	d from any other martial	art Dojo?	
I,	ere formulated for ersonal injury is in the second injury is in the second injury is in the participation and Chito Ryu Karzeive while practicinate and the monies ctors, members and	the purpose of keeping ordervolved that requires my strict.  _,which said sum represents tional Chito Ryu Karate & Fin in the club's activities. I, my ate & Fitness Inc., its Presidering Karate; and the parent or is to be paid aforesaid, hereby d Authorized guests, of and find	er in the club and t adherence to the a year membershi tness Inc.) and in heirs, executors and it, Instructors, me guardian of the A agrees to indemn rom all manner of	If for the protection of pupils e rules and regulations and to ip in the Canadian Chito Ryu further consideration of the and administrators do hereby embers and authorized guests pplicant hereby requests that ify 2006467 Ontario Inc. and f claims made by or on behalf
In the presence of:				
Applicant's Signature, Parent or Guardian's Signature:				
How Did you here about International Chito Ryu Karate & Fitn	ess Inc.? Please le	t us know		