



## TKKS Before / After School Karate Registration

Last Name:	First Nam	ne: Date:
Gender: M F O		D/YYYY): Age:
Parent / Guardian / Authorize	ed Pick Up Person #1	Parent / Guardian / Authorized Pick Up Person #2
Last Name:		Last Name:
First Name:		First Name:
Home Phone:		Home Phone:
Business Phone:		Business Phone:
Cell Phone:		Cell Phone
Street		
City	Postal Code_	Relationship
Health Card		
Program Registering for: (Incl	udes all fees/taxes applica	Pick Up / Drop Off or Bus Drop Information:
Morning Program Enrollment	· ·	
Active Mornings (5 day / wk)	\$249 <b>□</b>	
After School Enrollment:  1 Day per wk per month Please confirm availability	\$68 🗆	Williamson $\square$ Norway $\square$ Kew $\square$ Bowmore $\square$ Other $\square$
2 Days per wk per month	<b>\$135</b> □	Other:
3 Days per wk per month	\$202 □	Time of Pickup/Drop:
4 Days per wk per month	\$270 □	Classroom #: Location
5 Days per wk per month	\$337 □	Teacher Name:
Payment Information:		
Total Monthly Payable: \$		(Cheques payable to Toronto Kyokushinkai Karate)
☐ MasterCard ☐ Visa	a 🗆 AMEX	Expiry Date (MM/YYYY)
Card Number		Name on Card
CVV#:	Signature	

Payment can also be made by email transfer to <a href="mailto:info@torontokyokushin.com">info@torontokyokushin.com</a> but we *must have a card on file for enrollment* that can be charged if etransfer is not received before the first of each month.





## PARTICIPATION WAIVER / MEDICAL / MEDIA CONSENT STATEMENT

I understand as a parent / guardian of a child who is a participant at Toronto Kyokushinkai Karate, will participate in martial arts training activities on the Toronto Kyokushinkai Karate premises as well as at local parklands, playgrounds, the waterfront beach and other outdoor areas. I agree that the choice to participate brings with it the assumption of those risks and results that are part of these activities. I agree that Toronto Kyokushinkai Karate, its trustees, officers, directors, employees, agents and independent contractors, shall not be liable for any injury to my child or any loss / damage to my child's personal property arising from, or in any way resulting from, my child's participation in these activities.

I understand that the risk of injury from the activities involved in karate are significant, including the potential of permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury still does exist.

I authorize Toronto Kyokushinkai Karate to administer first aid to my child and to secure medical care for my child in an emergency as deemed appropriate by the attending physician(s).

I understand that should I want to cancel this arrangement I may do so at any time on 30 days' notice between September and March of the school year. There will be no option for cancellation during the months of April, May and June (last 3 months of school year). I will be obliged to pay any balances owing up and until the end of and including the 30 day notification period. 30 day notification given during any month means the following month fees will be owing as the last payment and last month of service. I understand that payments are due on the first of each month for that month's service. I agree to have my credit card charged or to make other arrangements in advance to ensure that payment is made on time.

I agree to pick up my child by 6 PM every evening. If I will be late for any reason I will notify the staff at Toronto Kyokushinkai Karate as soon as I can. If I am persistently late (defined as late every week, or late more than 2 consecutive days in a row), I agree to pay an additional late surcharge of \$10 minimum for every 1-10 minute period cumulative that I am late. This is to cover staff and facility costs to remain open and available until I arrive to collect my child. (1-10 minutes late = \$10 late fee, 11-20 Minutes late = \$20 late fee etc.)

I do hereby consent to any reproductions of my child or child's likeness, or any reproduction of my child's likeness created in any manner whatsoever, photographed, filmed or videotaped in connection with their attendance at Toronto Kyokushinkai Karate can be used for instruction, publicity, promotion or broadcast and waive any and all compensation in regards thereto.

I certify that the information provided in this registration form is, to my knowledge, true and complete. I have read and understood the above waiver and consent and confirm that I am the parent or legal guardian of the child mentioned herein who is a minor. I confirm that I have the complete custody, care and control of the minor and have the legal authority to sign this consent and waiver on behalf of the minor and that the consent of no other person or entity is required.

Print Name of Parent / Legal Guardian	_
Signature of Parent / Legal Guardian	Date MM/DD/YYYY