
 <p>Yes, I CAN! Karate</p>	<p>Karate Registration / Waiver: Willowick Recreation</p> <p>Revised- 7/2022</p>	
--	--	--

Student Application for Training

(Please Print inside boxes) Location: Willowick Rec

Name of Applicant (Last)		(First)	(M)	Birthdate (d/m/y)
Address				
City			Zip Code	
Phone #				
Emergency Contact	Phone #	Address		Relation
Emergency Contact	Phone #	Address		Relation
Physician	Phone #	Hospital / Clinic Name		
Signature:				Date:

Co-Signer if under the age of consent - Relationship to Client

Name of Cosigner (Last)		(First)	(M)	Birth date (d/m/y)
Address			Email Address:	
City		Zip Code		
Daytime Phone #		Evening Phone #:		
Signature:				Date:

The above named person (hereinafter known as applicant) whose name appears above applies for membership with the Yes I CAN! Karate (hereinafter known as YIC) hosted at location listed above (hereinafter known as Training Center or TC for short).

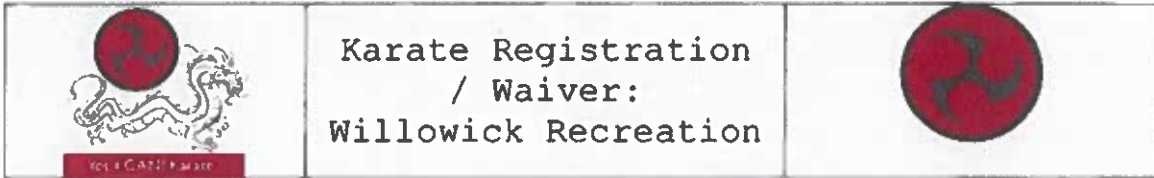
This document is an application for martial arts related training services and will serve as an agreement between the applicant and the head instructor of the YIC. The head instructor of YIC will make no representation or warranties, written or oral, expressed or implied, other than those in this agreement.

It is the registrant or guardian's responsibility to provide written notification of withdrawal of the student to Yes I CAN! Karate before the start of the next session. If a student discontinues training or is dismissed as such, there will be no refund.

A \$10 fee may be applied for any student picked up 15 minutes after the end time of any class. There may be additional equipment fees and will be discussed as necessary.

The program commits to provide the student with the following:
-Martial Arts Training

YIC may cancel the applicant's right for martial arts related training if the applicant fails to follow the rules and regulations set forth by the YIC Martial Arts program and the TC Code of Conduct as applicable.



Membership confirmation (Please Read Carefully)

1) Health Information

The applicant declares that she/he is not aware of any existing mental or physical condition which might reasonably be expected to put him/her, or anyone else, at any risk in using the facility than that of a healthy person of their age.

2) Default

YIC has the right to revoke the applicant's training contract in writing to the client if,

- a) any information given by the member on the previous pages is false at its time given;
- b) the client breaches any of the rules of this agreement or the rules of the facility or at the discretion of the owner;

3) Compliance with Rules and Regulations

The applicant agrees to comply with the rules and regulations (Code of Conduct) posted by the TC, relating to the use of the facility; including safety, acceptable clothing and footwear, hygiene and conduct.

4) Duty of Care

The applicant agrees to exercise ordinary care while using the facilities for the protection of the Client and others.

5) Lost or Stolen Property

YIC or the facility is not liable for any stolen or lost property of the Client or guest

6) Time

Training sessions are regularly held as posted on the schedule given to the student. The Client will understand postponement in the event of absence of the head instructor, which may be due to illness, injury or being out of town. Reasonable attempt will be made to notify students of any postponement or session cancellation.

7) Pictures

I give YIC and its agents/representatives permission to take pictures of myself/child/children at authorized YIC classes, events and tournaments/seminars. I also agree to allow YIC to use the images without compensation in any media format, for any purposes, which may include advertising, promotion, marketing, and packing for any product or service. I agree that the images may be combined with other images, text and graphics and may be cropped, altered or modified.

Release and Indemnity Agreement



I acknowledge that the exercise, martial arts and fitness programs and the use of the exercise equipment offered at the Training Center facility can provide for strenuous physical exercise, and I am aware of the inherent risk of serious physical injury and other dangers associated with the use of the equipment and the programs. In consideration for YIC providing me with martial arts training services, I hereby accept and fully assume all such risks and dangers and the possibility of personal injury, death, and property damage or loss resulting from such use and participation. I also hereby release, save harmless and indemnify YIC, the host facility for the program and all employees at the training hall and/or facility, from any and all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage that I or my next of kin may suffer arising out of or in connection with my use of the equipment, my participation in the martial arts, fitness programs, due to any cause whatsoever, including without limitation, the negligence of YIC, the facility and any one or more of the employees of the Training Center. I agree that the Release and Indemnity Agreement prior to signing and I am fully aware that by signing this agreement I am affecting my legal rights.

The undersigned hereby consents to participate in the above named recreation program sponsored by the Department of Recreation, City of Willowick. I assume all risks, injuries, illnesses, and hazards incidental to such participation including transportation to and from activities, and I do hereby waive, release, absolve, indemnify, and agree to hold harmless any and all claims for damages against the Willowick Recreation Department, officers, Yes, I CAN! Karate, Sam Nieves and employees on their own behalf on account or resulting from participating in such activity.

Mr., Mrs., or Ms. (print) _____

Signed _____ Cosigner (if necessary) _____

Witnessed by _____ Date of Acceptance _____

 <p>Yes, I CAN! Karate</p>	<h2>Medical Information & Release Form</h2> <p>Revised- 7/2022</p>	
---	--	---

NAME: _____
Last Name
Middle Initial
First Name

ADDRESS: _____

PHONE NO. (Day): () _____ PHONE NO. (Evening): () _____

DATE OF BIRTH ____/____/____ HEIGHT ____ WEIGHT ____

MEDICAL HISTORY Mark all that apply. Provide all details on reverse side:

_____ HEART DISEASE _____ BONE DISEASE _____ FRACTURES _____ ACCIDENTS _____ EPILEPSY _____
 OPERATIONS _____ ALLERGIES _____

Infectious Diseases:

I confirm that the person named above and/or family members are not currently positive for any infectious diseases.

_____ (Initial).

If I am, or later become infectious from a disease, I agree to not attend classes until cleared by a physician.

_____ (Initial)

I, (Student name) _____ agree to all the rules and regulations set forth by the Instructor(s), while on the property and the host facility and to the statements set forth to me in writing on this form. I hereby make application for classes on the facility's property under instruction and discipline from its instructors.

Upon acceptance I sincerely pledge to obey all regulations and rules which are set up for the purpose of keeping order and protection of all taking part in classes on the property of the host facility.

I recognize that a risk is involved in the classes that involve Martial Arts and requires by adherence to these rules and regulations and the instructor's discipline.

In consideration of accepting my entry in this class, I hereby release all Instructors, members, employees, agents and authorized guests from all responsibilities and all claims for injuries that I may receive while practicing the martial Arts in the class, and also any other injuries that may occur on the host facility's property.

In consideration of the acceptance of the above-named applicant into the class and also recognizing that there is a risk involved in practicing the Martial Arts in this class, I, the undersigned parent or guardian, hereby agree to save and indemnify and keep harmless your instructor and any other instructors, employees, members and authorized guest or any other member on the property commonly known as Willowick Recreation Center against all liability, claims, judgements or demands arising from accidents or injuries of the above to act of instructor, or any other instructors, employees, members and authorized guests or guardian or applicants will make good indemnify and reimburse the instructor or any others instructors, employees, for any damage or expenditures that said you instructors, or another instructors and employees may due suffer by reason of such accidents, injuries, claims, judgements or demands.

The medical history stated above is correct and true to the knowledge of the applicant and parent and/or guardian.

Applicants Signature _____ Date _____
 Parent/Guardian's Signature _____ Date _____

DATE _____ ACCEPTED _____



Tuide Jutsu / Karate Do Acknowledgements Page

I, _____ (student name) have read the Yes I CAN! Karate Code of Conduct/Dojo Rules, and Dojo Kun. I understand that I am to abide by these standards of training and conduct. Any violation of these precepts and standards of conduct can be considered as reason for termination from the program and I will forfeit any refund for the rest of the training period and will hold harmless Yes I CAN! Karate and its associates of same.

Student Signature: _____

Parent/Guardian Signature: _____

Parent/Guardian Printed: _____

Date: _____

Safe Sports Act - Acknowledgement:

I have read and agree to abide by the above conditions in regards to the Yes, I CAN! Karate "Safe Sport Act" Policy.

Parent/Guardian Signature: _____

Parent/Guardian Printed: _____

Date: _____

Concussion Policy Acknowledgement:

I have read and agree to abide by the above conditions in regards to the Yes, I CAN! Karate Concussion Policy.

Parent/Guardian Signature: _____

Parent/Guardian Printed: _____

Date: _____