



ASSOCIATION OF SHOTOKAN KARATE

A S Karate Council Alberta

INDIVIDUAL MEMBERSHIP APPLICATION

associationofshotokankarate.ca

The Association of Shotokan Karate is a Youth Sports organization incorporated under the Societies Act of Alberta. Youth Activities of the ASK are funded in part by the Alberta Gaming and Liquor Commission and are contingent upon on ASK's participation in Casino fundraising events. ASK Membership is open to all persons. Members and Youth Member parents are expected to participate in Casino events.

Membership year: _____ Beginning 2014, ASK Membership term will run from November 1 through October 31

Last name: _____ First Name: _____ MI: _____

Address: _____

Contact phone number: Home: _____ Mobile: _____ Other: _____

E-mail address: _____ Alternate E-mail: _____

MEMBERSHIP CATEGORY (check all that apply)

_____ Adult member _____ Non-voting member (AGLC Approved Instructors)

_____ Youth member (check if you are under 21 years of age)

_____ New membership _____ Renewal; if renewal please provide ASK member #

Karate rank (Kyu / Dan) _____ ASK member # _____

New Member (includes record book): **\$35** **Renewal** (does not include record book): **\$20**

(Cash or cheque payable to "A S Karate Council AB")

YOUTH MEMBERS ONLY provide parent/guardian information:

Last name: _____ First Name: _____ MI: _____

Address: _____

Contact phone number: Home: _____ Mobile: _____ Other: _____

E-mail address: _____ Relationship to Youth Member: _____

Emergency Information

Alberta Health Care # _____ Date of birth: Year/mo/dd _____

Emergency Contact Name _____ Phone # _____

Do you have any health conditions or injuries? Yes / No

Do you take any medications? Yes / No

Do you have any allergies? Yes / No

If you answer yes to any of these questions, please explain on back of page.

Have you been convicted of or charged with a criminal offense? Yes / No

IMPORTANT

ALL APPLICANTS MUST READ AND SIGN THE ACKNOWLEDGEMENT, WAIVER AND RELEASE ON THE BACK OF THIS PAGE. ALL APPLICANTS UNDER THE AGE OF 18 MUST HAVE THE ACKNOWLEDGEMENT, WAIVER AND RELEASE SIGNED BY A PARENT OR LEGAL GUARDIAN. *See back of page...*

ACKNOWLEDGEMENT, WAIVER AND RELEASE

(must be signed by all adult members and by a parent or legal guardian of all youth members)

I _____, hereby acknowledge that that I am aware and understand that participation in the act or sport of karate and the activities of the AS Karate Council Alberta (ASK), for which I am applying for membership, are inherently dangerous activities and that I may be exposed to risks by participating in these activities. I acknowledge that by participating in the activities of the ASK I may be injured, and these injuries may be serious and have lasting or permanent affects. I hereby acknowledge and accept all hazards and risks in the doing of said activities and I hereby remise, release, hold harmless and forever discharge AS Karate Council Alberta, its officers, servants, employees, successors, agents and assigns from any and all claims and demands whatsoever for damages, loss or injury, however arising, which may now or may hereafter be sustained by me in consequence of my participation including, without limiting the generality of the foregoing, training, practise, competition, demonstration, teaching, traveling to or from any of the foregoing, and any other matter related in any way to the said activity.

I am aware that ASK events, competition and ceremonies may be photographed or videotaped, and I further consent that any pictures or video furnished by or taken of me may be used for training, publicity, promotion or other public exhibition by the ASK, and I waive any and all claim to compensation or damages in regards thereto.

I understand that personal information gathered by the ASK is for use by the Association in maintaining membership and AGLC organizational compliance, and that this information may be shared among the officers and assigns of the ASK and used for official purposes, and I consent to the sharing of my personal information within the ASK and the AGLC.*

Signed: (Parent or guardian if applicant is under 18 yrs)

Print name: Date:

Witness signature:

Witness printed name: Date:

* Note: It is the policy of the ASK that personal information will never be shared with third parties outside of the ASK or AGLC.

If you answered Yes to any of the four questions on the previous page, please explain here: