

**CYPRESS KEMPO KARATE CLUB
MEMBERSHIP FORM
2009-2010 SEASON**

Name	
Address	
Telephone No.	
Email Address	
Age	
Date of Birth	
Hosp Number	
Do you have any medical condition that may affect performance in class or that you would like us to be aware of?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:

RELEASE FORM

I hereby release Cypress Kempo Karate Club from all responsibility for any injury I may sustain during class, and for all lost or stolen articles while using the premises. I also understand that I shall strictly observe and obey the rules and regulations of the club and respect the facilities at which classes or other Club functions are held.

I understand that fees are due BEFORE the first day of every month and that failure to pay could result in exclusion from class activities.

As well, there will be a fifteen-dollar (\$15) charge on all NSF cheques.

Date: _____

Signature: _____
(To be signed by parent or guardian if member is under 18 years old.)

Parent's Name (Printed): _____