CYPRESS KEMPO KARATE CLUB
MEMBERSHIP FORM

Name			
Parent (<18)			
Address		**Home Phone**	
		Cell Phone	
		OK to text?	❑ Yes ❑ No
		Email	
Birthdate		**Hosp #**	
Do you have any medical condition that may affect performance in class or that we should be aware of?			❑ Yes ❑ 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 at the beginning of the year 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.

Season	Age	Signature (Parent's Signature if under 18)	Date
20__-__			