

Application for Martial Arts / Recreational Classes

Information received is confidential and is being gathered for the purposes of serving you/your child while in the care of Japanese Canadian Cultural Centre. Any medical information collected here serves to authorize the JCCC and its staff and volunteers, to obtain medical assistance in emergencies.

Program:		-	
Last Name		Given Name	
Date of Application: / MM DD	/ YY	Male 🛛 Female 🗅	
Address: Street, Apt # (if applicable			
Street, Apt # (if applicable)	City	Postal Code
Telephone: Home	Cell		
Email Address:		@	
Date of Birth: / / MM DD YY			
JCCC Membership no		Expiry Date: MM	/ / DD YY
Previous Experience (please circle one	e): YES	NO	
For martial arts, if yes, name of club:	(Colour of Belt (if applicable)	
Medical History			
I acknowledge that by participating in t therefore it is important to disclose to t			
Are there any physical conditions that	JCCC staff should be a	ware of? (Please circle)	
Heart Ailment Epilepsy	Asthma Bon	e Disease 🛛 🖬 Hernia	□ Injuries □ Allergies/Anaphylaxis
Please specify condition:			
If you require an epipen, or an inhaler,	please bring it with you	into the dojo/class.	
Are there any emotional, mental, beha	vioural concerns or limit	tations that staff should be a	ware of? Ves No
If yes, please explain:			
In case of an emergency, contact	Name (Contact Number	Relationship



Please read carefully	
authorize JCCC personnel to sign consent for medical treatment and to authorize any physician or hospital	
o provide medical assessment, treatment or procedures for the participant named above, if contact	
person/parent or guardian cannot be reached in the case of an emergency.	
agree, that any pictures taken of myself or my child(ren) during the program by the JCCC can be used in	
any promotion or advertisement by the JCCC. (*If you have any concerns, please speak with your instructor.)	
have read and understood and accept the conditions laid out in the JCCC Martial Arts Policy.	
have read and understood and accept the conditions laid out in the JCCC Code of Conduct.	
have read and understood and accept the JCCC pick up and drop off guidelines.	

Release of Liability

I hereby make application to join the JCCC program checked above, and upon acceptance of my application, I agree to abide by the rules and regulations set by the JCCC in connection with the program. In consideration of the JCCC accepting my application to join the program, I hereby release the Japanese Canadian Cultural Centre, its directors, officers, employees, instructors, members, volunteers and invitees and licensees from any and all claims, demands, actions, causes of actions, or any other liability or obligation whatsoever arising out of or in connection with my membership or participation in the Martial Arts program of the JCCC, which relating to personal injury or damage to or loss of property or otherwise, whether going to or away from or at or in the premises of the JCCC or elsewhere, and whether in contact or in tort.

Signature of Applicant

Date

Signature of Parent/Guardian (for applicants 18 years and under)

Date