

## **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:		
Name:		
Last Name	Given Name	
Date of Application: / / MM DD Y	Male □ Female □ YY	
Address:		
Street, Apt # (if applicable)	City	Postal Code
Telephone: Home	Cell	
	33	
Email Address:	@	
Date of Birth: / / MM DD YY		
JCCC Membership no	Expiry Date: MM	
Previous Experience (please circle one):	YES NO	
For martial arts, if yes, name of club:	Colour of Belt (if applicable)	
Medical History		
	orogram, I will be involved in rigorous physical a	
Are there any physical conditions that JCC	C staff should be aware of? (Please circle)	
☐ Heart Ailment ☐ Epilepsy ☐	Asthma ☐ Bone Disease ☐ Hernia	☐ Injuries ☐ Allergies/Anaphylaxis
Please specify condition:		
If you require an epipen, or an inhaler, plea	ase bring it with you into the dojo/class.	
Are there any emotional, mental, behaviour	ral concerns or limitations that staff should be	aware of? ☐ Yes ☐ No
If yes, please explain:		
In case of an emergency, contact Name	e Contact Number	Relationship



Please read carefully	Initial
I authorize JCCC personnel to sign consent for medical treatment and to authorize any physician or hospital to 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.	
I 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.)	
I have read and understood and accept the conditions laid out in the JCCC Martial Arts Policy.	
I have read and understood and accept the conditions laid out in the JCCC Code of Conduct.	
I 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