

Five Hills Chito Ryu Karate Club – Registration Form 2025 – 2026

(Please print clearly)

Last Name _____ First Name _____ Initial _____

Birth Date(mm/dd/yyyy) _____ Gender (M/F) _____ Current Age _____

Street Address _____ City _____ Postal Code _____

Phone Number(s) _____

Email _____ Medical/Allergies _____

Emergency Contact #1 _____ Phone # _____

Emergency Contact #2 _____ Phone # _____

Prior Martial Arts Training _____

Belt Rank _____ Date Attained (mm/dd/yyyy) _____

Disclaimer/Waiver

Statement:

1. I hereby apply for membership in the Five Hills Chito Ryu Karate Club Inc. to learn and practice Chito Ryu Karate.
2. I hereby state that I have been informed that there are certain risks involved in the practice of karate.
3. I hereby state that I have disclosed my medical and physical disabilities or any health problems that I may have and that all information contained on these forms are correct.

Agreement:

1. In consideration of receiving karate instruction from the instructors and members of Five Hills Chito Ryu Karate Club Inc., I hereby agree that it is a condition of my participation that I voluntarily assume all risks of accident, injury or damage to my person and/or property.
2. I hereby agree not to hold Five Hills Chito Ryu Karate Club Inc., its executive, administration, instructors, coaches, members, students, and authorized guests responsible for any injuries that I may sustain in practicing or training in karate.
3. I hereby agree to indemnify and save harmless Five Hills Chito Ryu Karate Club Inc., its executive, administration, instructors, coaches, members, students, and authorized guests, of and from any liability of any nature whatsoever, arising out of or in any way connected with any claims or demands related to my participation in karate.
4. I hereby agree to abide by the rules, regulations, bylaws and policies of Five Hills Chito Ryu Karate Club Inc., as well as any associations they are governed by.
5. I hereby agree to pay the annual registration fees when I join and monthly membership fees which are due on the first day of each month, so long as I continue to practice with and receive instruction from the instructors and members of Five Hills Chito Ryu Karate Club Inc.
6. **I hereby agree I have been informed that all fees paid to Five Hills Chito Ryu Karate Club Inc. are non-refundable.**

Signed this _____ day of _____, 20____.

Student _____ **Sensei Colin Rosnes** _____

If student is under 18 years of age

I hereby consent to my child _____, receiving karate instruction under the terms and conditions set out above and in consideration of the acceptance of this agreement by Five Hills Chito Ryu Karate Club Inc. **I hereby agree** to indemnify and save harmless Five Hills Chito Ryu Karate Club Inc., its executive, administration, instructors, coaches, members, students, and authorized guests, of and from any liability of any nature whatsoever, arising out of or in any way connected with any claims or demands made by or on behalf of _____ (name of child).

Name (please print) _____ Relationship _____

Signature _____ Date _____