

TOM MAH SCHOOL OF KARATE INC.

Application/Registration Form

Name: (Last) (First)

Address: **City:** **Postal Code:**

Birthdate: (dd/mm/yy)..... **Age:** **Home Phone:**

Fax: **Cell:** **E-mail:**

Occupation: **Medical Concerns:**

Reason(s) For joining:

How did you hear about TMSK?

COMPLETE THE FOLLOWING IF UNDER 19 YEARS OF AGE:

Parent's Name(s): **Guardian's Name(s):**.....

Address if different than above:..... **Phone #:**

I, _____, sincerely pledge to obey all rules and regulations of the **TOM MAH SCHOOL OF KARATE, INC.** which were formulated for the purpose of keeping order and for the protection of pupils from injury in the school. I further acknowledge and understand that a risk of personal injury is involved that requires my strict adherence to these rules and regulations and to the teacher's discipline.

In consideration of accepting my application and of the annual membership dues and monthly, quarterly or yearly training fees required by the rules and regulations for the participation in the school's activities, I, my heirs, executors and administrators do hereby forever release, remise and discharge the **TOM MAH SCHOOL OF KARATE, INC.**, its directors and officers, instructors and assistants, members and authorized guests from all responsibilities and all claims for injury which I may receive while practicing karate, and in particular without limitation any injury that I may sustain on the school premises, whether during a class or not, with the exception of gross negligence; and the parent or guardian of the applicant hereby requests that this application be accepted, and in consideration of this acceptance and monies to be paid aforesaid, hereby agrees to indemnify the **TOM MAH SCHOOL OF KARATE, INC.**, its directors and officers, instructors and assistants, members and authorized guests, of and from all manner claims made by or on behalf of the applicant.

I have read and understand all of the aforementioned rules and regulations and sincerely pledge to adhere to them and to the teacher's discipline.

Parent/Guardian Signature
(if member is under 19 years)

Applicant's Signature

Date