



Irish Shotokan Academy
REGISTRATION FORM AND WAIVER OF LIABILITY

Full Name:

Address:

Phone:	Mobile:	E-mail:
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Date of birth:	Age:	Gender:
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Parent's Name (s):

Additional Emergency Contact Name:	Phone:
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Please tick Dojo of your choice.	Tullamore Dojo		Clara Dojo		Edenderry Dojo	
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ADULTS

Do you have any medical/physical problem or illness which you think might interfere with your participation in this martial arts classes which we should be aware of? Yes No

If so, please give details in the space below.

CHILDREN

Does your child have any medical/physical problem or illness which you think might interfere with his/her participation in this martial arts classes which we should be aware of? If so, please give details in the space below. Yes No

WAIVER OF CLAIM

Please read thoroughly before signing.

In consideration of permission, granted now and in the future, to the Irish Shotokan Academy, I agree and acknowledge that: _____

(Student's name)

1. Has met all the prerequisites required to participate in karate.
2. Understand that participation in karate involves the risk of injury.
3. Will abide by the rules and regulations imposed on the student.
4. Freely and voluntarily accepts any risks or hazards associated with karate and, accordingly, participation in karate shall be entirely at his/her own risk.
5. Will waive any claim against the Irish Shotokan Academy and the training facility (Venue) arising from participation in karate and agree to indemnify and protect the Irish Shotokan Academy and the training facility for any, including any claim for medical services arising from participation in karate. Please note that Irish Shotokan Academy have professional indemnity instructors Insurance
6. This waiver of claim is binding on the participants, their heirs, executors, administrators, personal representatives and assigns.
7. The Irish Shotokan Academy is collecting this information in accordance with personal data protection policies. We will use this information only to maintain membership lists under the requirements or in the event of an emergency. We will not share this information with any third parties without prior written consent.
8. Photo/Video release – The Irish Shotokan Academy has permission to take group/individual photographs/videos etc, to be used for marketing purposes or public display through brochures, club literature, or website pages etc. I am of the understanding that my child's name WILL NOT appear in the relationship to any photographs or videos without additional written permission.
9. I hereby authorise the Irish Shotokan Academy or its representatives to take my child _____ to the nearest medical facility or _____ if I cannot be reached in an emergency.

PARENT'S SIGNATURE: _____ **DATE:** _____

Under 18 years of age

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

Over 18 years of age

Complete and return to Sensei: **Gerard McCarthy, Liam Gorman or Alberto Candeias**

Irish Shotokan Academy

Midlands Martial Arts

Tanyard

Tullamore

Co. Offaly