

Montreal Wado Ryu

# KARATE ASSOCIATION

514.229.5513

[dojo-mwrka.com](http://dojo-mwrka.com)

[montrealwadoryuassociation@gmail.com](mailto:montrealwadoryuassociation@gmail.com)

Family name ..... First name .....

Adress ..... Zip/post code .....

Date of birth ..... Age .....

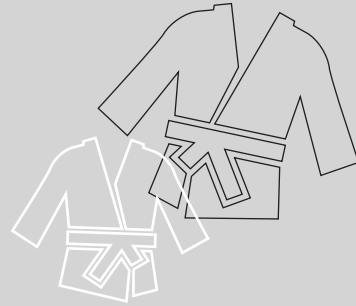
Tel ..... Email .....

Start date .....



Do you suffer from any of the following ? Please note that if you are on medication, your heart rate can become unstable when training.  
Please only notify your trainer, if you are unsure.

	yes	no
HAY FEVER	<input type="checkbox"/>	<input type="checkbox"/>
EPILEPSY	<input type="checkbox"/>	<input type="checkbox"/>
HEMOPHILIA	<input type="checkbox"/>	<input type="checkbox"/>
NERVOUS DISORDER	<input type="checkbox"/>	<input type="checkbox"/>
ASTHMA	<input type="checkbox"/>	<input type="checkbox"/>
DIABETES	<input type="checkbox"/>	<input type="checkbox"/>
HEART DISORDER	<input type="checkbox"/>	<input type="checkbox"/>



ANY OTHER PLEASE SPECIFY \_\_\_\_\_

Do you accept that karate is a contact sport and therefore may run a risk of serious personal injury to yourself and others ?

yes	no
<input type="checkbox"/>	<input type="checkbox"/>

I have been made aware of the rules, by laws, procedures, policy and regulations that are permanently posted on our website [dojo-mwrka.com](http://dojo-mwrka.com), that have been explained to me during induction.

## RATES

### 1 Child

**Yearly per child 1000\$**

e-Transfer  
Cheque ( post dated )

**Saturday Morning's Only**

**Yearly payment 500\$**

### 2 Children

**Yearly per child 1700\$**

e-Transfer  
Cheque

1. Cheques should be made payable to  
**Montreal Wado Ryu Karate Association ( MWRKA )**
2. Two passport size pictures are required for new applicants
3. All payments are non refundable
4. Pricing includes Karate gi, 3 grading, belts, certificates

## WAIVER

I have read and fully understand the rules and regulation and by-laws of Montreal Wado Ryu Karate Association and upon that acceptance of my application I agree to abide by the rules and regulation and by these by-laws. In consideration of the acceptance of my application for membership. I release and discharge Montreal Wado Ryu Karate Association, it's officers, members, directors, and authorized guests from any action, claims and demands for damage, loss or expense, injury to property or person arising out of or in way connected with my membership in Montreal Wado Ryu Karate Association.

I further acknowledge that as a member of this association, I will be involved in activities that are physically demanding and potentially pose a risk of physical injury to me. I acknowledge that it is my responsibility to consult my physician to ensure that I am physically capable of undertaking the strenuous activity which I may be asked to participate in as member of this Association. I am 19 years of age or older.

I give consent to have photos and/or videos taken which may or may not be used in the promotion of our activities. The name of your child will not be used or tagged.

yes	no
<input type="checkbox"/>	<input type="checkbox"/>

# COVID-19

## RISK ACKNOWLEDGEMENT

Montreal Wado Ryu Karate Association, on behalf of its services, programs and summer camp, undertakes to comply with all requirements and recommendations from Québec public health agencies and other government authorities, and to adopt and implement all necessary measures for that purpose. However, Montreal Wado Ryu Karate Association cannot guarantee that you, your child(ren), or any other person for whom you are the legal guardian will not become infected with COVID-19 if you participate in their activities, or come into contact with someone who participated in their activities. Further, participating in their activities could increase your risk of contracting COVID-19, despite all the measures that have been put into place.

### By signing this document:

**1 )** I acknowledge the highly contagious nature of COVID-19 and that being exposed to or infected by COVID-19 can lead to serious consequences, illnesses or other afflictions. I voluntarily assume the risk that I or my minor child(ren) or any other person for whom I am the legal guardian may be exposed to or infected by COVID-19 by participating in an activity offered by Montreal Wado Ryu Karate Association or coming into contact with someone who participated in one of its activities.

**2 )** I declare that my participation to Montreal Wado Ryu Karate Association activities, or the participation of my child(ren) or any other person for whom I am the legal guardian, is voluntary.

-----  
-----  
Name of participant (please print)

-----  
-----  
Name of parent/legal guardian  
(if the participant is a minor or cannot legally give their consent)

**3 )** I declare that neither I nor my minor child(ren) nor any other person for whom I am the legal guardian nor a person in my household :

- a.** Has had cold or flu symptoms (including fever, cough, sore throat, respiratory illness or trouble breathing) in the last 14 days
- b.** Has come into contact with a person with a COVID-19 infection in the last 14 days
- c.** Is waiting for the result of a COVID-19 test
- d.** Has traveled outside of Canada in the last 14 days

**4 )** I agree that neither I nor my minor child(ren) nor any other person for whom I am the legal guardian nor a person in my household will participate in Montreal Wado Ryu Karate Association activities for at least 14 days if one of us :

- a.** Has cold or flu symptoms
- b.** Has come into contact with a person with a COVID-19 infection
- c.** Is waiting for the result of a COVID-19 test
- d.** Has traveled outside of Canada in the last 14 days

**5 )** I acknowledge that this agreement will remain in effect until Montreal Wado Ryu Karate Association receives instructions from provincial government authorities and Québec public health agencies that indicate that the commitments expressed in this statement are no longer required and that I receive formal notice of this.

**I understand the provisions of this document and I have signed it freely and knowingly.**

-----  
-----  
Signature of participant

-----  
-----  
Signature of parent/legal guardian

-----  
-----  
Date (yyyy/m/d)