

OGAWA MARTIAL ARTS & FITNESS

1264 Garrison Road, Fort Erie, ON

					120	1 Gai	Tison Road, For Erre, Orv	
Membership reg	istration form fo	r Ogav	va Fan	nily	Kara	te and	d IOGKF Canada	
(A) BUYER INFORMATION ONLY - to be filled out by applicant or parent/guardian						Todav's	s Date	
(Please Print Clearly)						20,	s Dateddmmyyyy	
BUYER'S First Name	Last Name					phone	()	
Current Mailing Address	City			Pro	vince	<u> </u>	Postal Code	
Email Address		In Case of I	Emergency	Contact				
		Name:					Phone: ()	
(B) STUDENT INFORMATION FIRST	LAST		DATE	OF BIR	тн	This section to be completed by school representative MONTHLY FEE		
1			dd	mm	уууу	-	<i>s</i>	
2			dd	mm	уууу	-	s	
3			dd	mm	уууу	-	s	
4			dd	mm	уууу	-	s	
REGISTRATION FEE: \$			NOTE: Al			s include	HST	
(c) Payment Information	EFT AUTHORIZATION							
1. The Inital Payment will consist of the monthly fee plus the registration fee.	L, authorize my bank to make my payment by the method indicated below and post it to my account. Cheqing Account (Must attach void cheque)							
2. Written notification must be	Visa Mastercard American Express Account #							
given 3 weeks prior to the end of your contract.	1st Due Date:						Pate:	
	Routing # or Expiration Date: Authorized Signature:				Date:	dd mm yyyy		
(D) WAIVER AND RELEASE OF LIABILIT	ГҮ							
	Family Karate/IOGKF Canada s or in connection with the use by Ogawa Family Karate/IOGKF O	shall not be lia y student of the Canada, it's off	able to stude se services, fa	ent for a	ny claims, and premi	demands, i ses of Oga		
						D	Date:	
School Reresentative Signature	Student / Pare	ent / Guardian	ı of a minor	signatur	re		dd / mm / yyyy	

OGAWA MARTIAL ARTS & FITNESS CEMERGENCY CONTACT FORM

Please print

First Name:	Last:
Date completed: dd /mm /yyyy	Date of Revision: dd /mm /yyyy
Birthdate: dd /mm /yyyy	
Current address:	Phone #:
In case of emergency please notify: Primary Contact First: Las	rt:
Relationship to student:	
Phone Number(s): Cell (Home ()	Work ()
First Alternate Contact First:Last	
Relationship to student:	<u></u>
Phone Number(s): Cell () Home ()	
Second Alternate Contact First:Las	t:
Relationship to student:	
Phone Number(s): Cell () Home ()	Work ()
Allergies/Special Health Considerations:	
Medications/Special Medical Appliances: (i.e. blo	od thinner, EpiPen, inhaler, pacemaker, etc.)