

2016 EAST COAST TRAINING CAMP

June 25th & 26th

Registration form

NAME: _____
(First) (Middle) (Last)

MAILING ADDRESS: _____
(Street) (Apartment #)

(City) (State) (ZIP Code)

HOME TEL: _____ WORK TEL: _____

DATE OF BIRTH: _____ E-MAIL ADDRESS: _____

One day 25th or 26th (\$90) _____ Two days(\$150) _____ T-Shirt size: _____

PERSONAL MEDICAL INFORMATION

(NOTE: ALL OF THE INFORMATION IN THIS SECTION WILL BE TREATED AS STRICTLY CONFIDENTIAL, AND WILL BE USED ONLY IN THE DETERMINATION OF THE APPLICANT'S FITNESS TO PARTICIPATE IN MARTIAL ARTS ACTIVITIES WITH THE EGN INTERNATIONAL KARATE-DO AND IN CASE OF EMERGENCY.)

-Are you allergic to any medications or drugs? If so, please explain:

-Do you have any medical/physical conditions that an emergency medical technician or medical worker should know about (for example, recent surgery, diabetes, contact lenses, etc.)? If so, please explain:

-Do you have any medical/physical conditions that may affect you or your ability to participate in class (for example, knee or back problems, neck injury)? If so, please explain:

-Emergency contact (name): _____

-Phone: _____ Relationship to you: _____

AGREEMENT, ASSUMPTION OF RISKS, AND WAIVER OF LIABILITY

After discussing with one or more instructors at the EGN International Karate-Do , the nature and type of instruction that the dojo provides to its members, I hereby certify that I have read and agreed to each of the following provisions and agree to be bound by the terms herein:

1. I understand that EGN International Karate-Do, and such other martial arts as instructors and I include in my studies at the dojo, are martial arts -- that is, systems of unarmed and armed fighting techniques.

2. I understand that these martial arts will require me to engage in strenuous physical exercise and activity, either individually or in participation in class with other students or instructors at the dojo, and that the martial arts techniques which I learn at the dojo are capable of causing minor or serious physical injury (including abrasions, bruises, bleeding, broken bones or cartilage, or other tissue or organ damage), emotional or psychological injury, death, or property damage, whenever I use them against another person or physical objects, either in class at the Academy or elsewhere.
3. I understand that my participation in class at the dojo will require me to engage in conditioning exercises, formal exercises, and other physical activities that involve a risk that I will be subject to minor or serious physical injury (including abrasions, bruises, bleeding, broken bones or cartilage, or other tissue or organ damage), emotional or psychological injury, or death as a result of these exercises and activities.
4. I understand that the types of injuries described in paragraphs 2 and 3 may result not only from intentional action, but also from inadvertent, negligent, or reckless action, by myself or others, including the malfunction or failure of any of the equipment or facilities at the dojo (including pads, protectors, punching bags, and tumbling mats) and errors or mistakes in instruction or performance of fighting or defense techniques by instructors or other students at the dojo.
5. I understand that the risks of any and all of the types of injuries described in paragraphs 2-4 cannot be significantly reduced or eliminated without adversely affecting, and even jeopardizing, the nature and quality of the instruction and activities at the dojo.
6. I understand that neither the EGN International Karate-Do nor any of its owners, operators, officers, employees, instructors, students, or agents authorize me to use any of the fighting or defense techniques that I learn in my studies at the Academy against any other person, in any circumstances other than (a) martial arts training, matches, exhibitions, or demonstrations in which my instructors and I agree I am sufficiently qualified and physically able to participate at the dojo or elsewhere, and (b) self-defense or defense of others in a situation that involves the risk of imminent physical injury or death.
7. In the light of all of the foregoing understandings, I knowingly and voluntarily agree to assume all of the risks associated with participation in classes at the dojo, including those risks described in paragraphs 2-4, and knowingly and voluntarily hold harmless, and waive any and all rights to initiate or maintain a lawsuit or otherwise seek or obtain any finding of liability against, the EGN International Karate-Do, and any of their owners, operators, officers, employees, instructors, students, or agents.
8. I intend this Agreement, Assumption of Risks, and Waiver to be binding upon any and all of my parents, children, present and former spouses or life partners, heirs, assigns, friends, personal representatives, and estate in perpetuity.

Applicant's Signature: _____ Date: _____

Applicant's Name (Please Print): _____

If Applicant Is A Minor At Time of Application:

Parent's or Guardian's Name (Please Print): _____ Phone: _____

Parent's or Guardian's Address: _____

Street/Apartment No.

City

State

Zip Code

Parent's or Guardian's Signature: _____ Date: _____

Please sent this application before June 20th to avoid late fee, by email at egninternational@gmail.com or by mail at EGN International Karate Do 491 Hempstead Turnpike, West Hempstead NY 11552. For more informations, call 516-408-2626.