

APPLICATION FORM



7-1226 White Oaks Blvd.,
Oakville, ON L6H 2B9

+ 1 (647) 388-4600

www.yamatokarate.com

First Name:

Last Name:

Birthdate:

Sex: Male Female

Disclaimer

The undersign states he/she is in good health and has medical approval to engage in Martial Arts training. Yamato Academy of Martial Arts, its agents students and employees shall not be responsible for accidents or injuries of any kind, whether the same shall be caused by or attributable to their negligence, it's agents, students and employees against damage loss of expense which they or any of them may occur as the result of any claim or action, which at anytime be made or instituted on behalf of the above name member including without being limited to any claim or action based upon the negligence of Yamato academy of Martial Arts, its agents, students and employees.

I will allow Yamato Academy of Martial Arts Inc. to use photographs/videos of myself and/ or my child(ren), as a participant of Yamato Academy of Martial Arts Inc. on their website and/ or in promotional material and media coverage.

Name(s) Of Parent / Guardian: _____

Applicants Signature
(Guardian/Parents/
if under 18 years of age)

Date