



145 Pacific Avenue  
 Winnipeg, MB  
 R3B 2Z6

## Application for Membership 2017-18

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_  

Street
City
Prov
Postal Code

Phone: \_\_\_\_\_ Email (req'd): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: Male  Female   

Year/Month/Day
Please print clearly

Category: Black Belt  Regular  Youth  Associate

Current rank (kyu/dan):  Date obtained:

**Waiver:** I, the above named person, hereby apply for membership in Karate Manitoba. If this application is accepted, I agree to abide by Constitution, Bylaws, Regulations, Rules, Codes and Guidelines of Karate Manitoba. In consideration of your acceptance of my application fees, I hereby for myself, my heirs, executors, administrators and assigns (hereinafter referred to as the "Applicant") do hereby remise, release and forever discharge Karate Manitoba, their heirs, assigns, officers, representatives, agents, employees and members, sponsoring organizations, and owners of properties on which Karate Manitoba sanctioned events are held or to be held of all manner of actions, claims or demands against Karate Manitoba.

**Photo/Video Release:** By participating in Karate Manitoba activities, I hereby consent to having any picture or video image taken of me and/or my child (under age 18) during any Karate Manitoba activity in any edited material used for Karate Manitoba promotional activities, Website and souvenir videos. I also accept that Karate Manitoba use any photomontage and videotape in which I appear for television purposes.

**Additional Consent:** To comply with this new anti-spam law Karate Manitoba is required to obtain your consent in order to send you e-communications from our Organization. This may include newsletters, announcements, invitations and other news or information. **Privacy Note:** Karate Manitoba will only use your personal information for maintaining your membership and access to our programs and the programs of Karate Canada. Your information will not be sold or provided to other organizations.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicant is under 18)

NAME OF DOJO: \_\_\_\_\_ NAME OF DOJO INSTRUCTOR: \_\_\_\_\_

STYLE OF KARATE: \_\_\_\_\_ DOJO HEAD SIGNATURE: \_\_\_\_\_

REGISTRATION FEE: **Black Belt - \$60.00 Regular-\$40.00** (18 years of age and older) **Youth** (17& under) / **Associate Member-\$35.00**

FOR KM USE ONLY:  
 DATE RECEIVED: \_\_\_\_\_ KM MEMBERSHIP DIRECTOR SIGNATURE: \_\_\_\_\_