



CAYMAN ISLANDS NATIONAL KARATE-DO ASSOCIATION

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www.cinkakaratedo.com

CINKA Global Affiliations



REGISTRATION FORM

Reg # _____

NAME: Last _____ First _____		Mr _____ Mrs _____ Ms _____	E-MAIL: _____	
ADDRESS: _____				PHONE: _____
DATE OF BIRTH: Month/Day/Year _____		NATIONALITY: _____		OCCUPATION: _____
STYLE: <input type="checkbox"/> WADO <input type="checkbox"/> GOJU <input type="checkbox"/> SHITO <input type="checkbox"/> SHOTOKAN		OTHER <i>Please name</i> _____		BELT RANK _____
NAME OF SCHOOL: _____			INTERNATIONAL AFFILIATION _____	
MEDICAL HISTORY: <input type="checkbox"/> Heart Ailment <input type="checkbox"/> Epilepsy <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Hernia <input type="checkbox"/> Other, specify _____				

WAIVER

I hereby apply for membership in the Cayman Islands National Karate-Do Association (hereinafter referred to as CINKA), and if accepted for membership, I agree to observe all the CINKA rules and regulations and will respect the discipline of the instructors and that any training undertaken by me through CINKA will be undertaken at my own risk. I understand that, as with all physical training, martial arts training carries a risk of physical injury and I willingly agree to accept that risk if accepted for membership. I will also respect the rules and regulations established for the purpose of maintaining order and protecting the members from injury, and to respect the discipline of the instructor(s).

In consideration of acceptance of my application for membership, I hereby release and forever discharge CINKA, its officers, members, directors, instructors, and authorized guests from any actions, claims and demands, for damages, loss or expenses, injury to person or property arising out of or in any way connected with my membership in or training at CINKA, however arising, which may hereafter be sustained by me in consequence of my membership in CINKA. I further acknowledge and agree that CINKA, its directors, officers, instructors and authorized guests shall not be responsible for any loss or theft of personal possessions brought by me onto the premises of CINKA

Dated at: Grand Cayman, *Cayman Islands*, this _____ day of _____ 20____.

Signature of applicant: _____ Witness: _____

If Applicant is under 18 years of age, Parent or Guardian must sign below:

I hereby consent to the above application and in consideration of the acceptance of the application, I hereby agree to indemnify and save harmless, CINKA., its officers, instructors, members, directors, and authorized guests of and from any liability of any nature or kind whatsoever arising out of or in any way connected with any claims or demands made by or on behalf of the applicant.

Dated at: Grand Cayman, *Cayman Islands*, this _____ day of _____ 20____.

Name of Parent/Guardian (Please print): _____

Signature of Parent/Guardian: _____

By signing the above, you indicate that you give permission for photos of your child (taken in this program) to be used in future CINKA promotional materials.