



# CAYMAN ISLANDS NATIONAL KARATE-DO ASSOCIATION

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## CINKA Global Affiliations



## INDIVIDUAL REGISTRATION FORM

Reg # \_\_\_\_\_

<b>NAME:</b> Last _____ First _____		Mr _____ Mrs _____ Ms _____	<b>E-MAIL:</b> _____	
<b>ADDRESS:</b> _____				<b>PHONE:</b> _____
<b>DATE OF BIRTH:</b> Month/Day/Year	<b>NATIONALITY:</b>		<b>OCCUPATION:</b>	
<b>STYLE:</b> <input type="checkbox"/> WADO <input type="checkbox"/> GOJU <input type="checkbox"/> SHITO <input type="checkbox"/> SHOTOKAN	<b>OTHER</b> <i>Please name</i> _____		<b>BELT RANK</b>	
<b>NAME OF SCHOOL:</b> _____			<b>INTERNATIONAL AFFILIATION</b>	
<b>MEDICAL HISTORY:</b> <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 bodily training, martial arts training carries a risk of bodily injury, even death 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.