



Hickey Karate Center Adult Registration Card

For Accuracy, Please Print Neatly!

Sign Where Required



Last Name _____ First Name _____

Sex _____ Date of Birth _____ m/ _____ d/ _____ y Age _____

Address _____

City _____ State _____ Zip _____

Cell Phone () _____

MEDICAL INFORMATION

List any appropriate medical history or behavioral problems: _____

Medications being given: _____

Allergies: _____

EMERGENCY MEDICAL AUTHORIZATION

PURPOSE: TO AUTHORIZE THE PROVISION OF EMERGENCY MEDICAL TREATMENT SHOULD YOU BECOME ILL OR INJURED WHILE ATTENDING A HICKEY KARATE CENTER ACTIVITY.

I give my consent for emergency medical treatment myself in the emergency room of the nearest hospital.

This authorization includes the rendering or failure to render and/or acceptance of any medical aid, medical care, hospitalization and/or any other assistance deemed necessary for the proper care and well-being of me and I accept full responsibility for any necessary or related expenses in this regard. By affixing my signature below, I do hereby accept the conditions in full.

Signature _____ Date __/__/__ Phone Number _____

NAME OF PERSON TO NOTIFY IF EMERGENCY CARE IS REQUIRED:

Name _____ Address _____

Home Phone ____-____-_____

Home Phone ____-____-_____

Signature _____ Date __/__/__

*Hickey Karate Center
All Information Required
This authorization shall remain in effect until superseded in writing.*



Hickey Karate Center Adult Release of Liability

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Adult Waiver and Release of Liability

In consideration of being allowed to participate in any way in Hickey Karate Center athletics/sports program, and related events and activities, the undersigned:

1. Agree that prior to participating, they will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise their coach or supervisor or Hickey Karate Center personnel of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue the Hickey Karate Center, its affiliated clubs, organizations, their respective administrators, directors, agents, coaches, and other employees of the Hickey Karate Center, organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used, all of which are hereinafter referred to as "releasees" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise,
5. The undersigned understands that during the course of training, employees of Hickey Karate Center, and/or other students or authorized personnel will be engaged in a course of conduct that can require extensive physical contact. This contact may be between students of the same sex or with an adult of the same or opposite sex. The undersigned gives full consent to such contact as is part of the training. Should the undersigned become uncomfortable with any aspect of the training; the undersigned will immediately bring this to the attention of the instructor or other personnel of Hickey Karate Center.

The undersigned have read the above waiver and release, understand that they have given up substantial rights by signing it and sign it voluntarily.

Printed Name: _____

Participant's Signature _____ Date __/__/__