

NAME \_\_\_\_\_

                    surname                    first                    initials

province	postal code	area code & telephone number
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NAME AND ADDRESS OF DOJO \_\_\_\_\_

POSITION IN THE DOJO (circle one)      student      instructor      affiliate

I the undersigned do hereby agree to abide by all by-laws and regulations of the TRADITIONAL KARATE INSTITUTE CANADA - TKIC, and fully understand that suspension from the association may be incurred for any serious infraction of the by-laws and regulations. I also waive the right to any and all claims towards the association, if I incur injury due to my affiliation with the association.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_  
( if under 19 years of age )

Annual Fee \$20.00 Payable to: TRADITIONAL KARATE INSTITUTE CANADA