



## Sport Karate Fitness Center

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Thornton, CO 80602  
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[www.askaus.com](http://www.askaus.com)

Hien Pham, Executive Director - Certified Examiner

### ASKA/SPORT KARATE REGISTRATION FORM & RELEASE of LIABILITY

#### PLEASE PRINT CLEARLY

Print First Name: _____	MI: _____	Last Name: _____
Date of Birth: _____	Sex: M / F	
Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: ( ) _____	Work Phone ( ) _____	
Email: _____	Emergency Phone _____	

#### The undersigned certified and agrees to the following terms:

I (we) do hereby agree to release all liability and claims against Sport Karate school or ASKA (American Sport Karate Association) and facility, including teachers, instructors assigned from all claims, action, demands, suit of law or in equity whatsoever which I (or parent/legal guardian) my heirs executor, administrator or assign, may have against said organization by reason of any and all known injuries, disabilities, diseases, damages, any physical activity, mental and emotional damages or death, losses and expenses sustained by me or my child as a result of any accident during tournament, demonstration, training, promotion examination. I (or parent/legal guardian) acknowledge and agree that any medical, dental, hospital or other expenses which may be incurred by me or any person on my behalf in connection with any accidents becomes and is sole and obligation responsibility. **I (we) understand that Sport Karate/ASKA reserves the right to terminate the student if they violate, or conduct of the student or a family member of the student present a risk to other, instructor or school.** SPORT KARATE/ASKA/CKA (Colorado Karate Association) may take photographs or video of classes or special events, used by the organization for publication or publicity.

I certify that I read and understand the English language and that I have thoroughly read and understand all terms of this registration form and release of liability. I further agree that if any term is adjudicated to be unenforceable under applicable law, the remainder of the term shall not be affected and shall remain enforceable and binding on me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

(If under age of 18 years, parent or legal guardian must sign for them below. I certify that I am authorized by law to sign this registration form and release of liability on behalf of the above mentioned student and my capacity as parent or legal guardian.)

For Student: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

# FOR ADDITIONAL FAMILY MEMBER

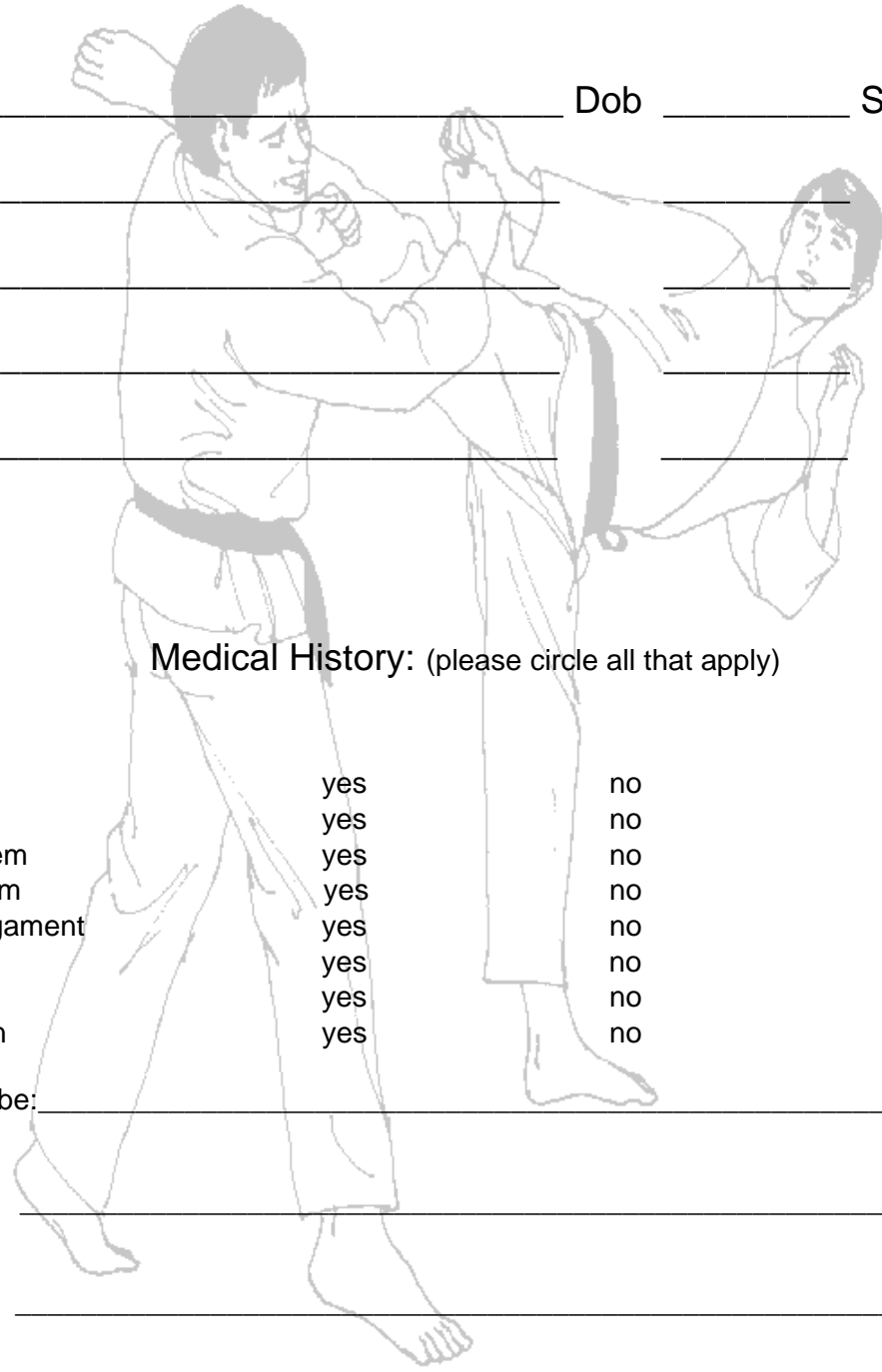
Name: \_\_\_\_\_ Dob \_\_\_\_\_ Sex \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Medical History: (please circle all that apply)

- |                    |     |    |
|--------------------|-----|----|
| • Asthma           | yes | no |
| • Allergies        | yes | no |
| • Heart problem    | yes | no |
| • Back problem     | yes | no |
| • Tendons Ligament | yes | no |
| • Muscles          | yes | no |
| • Diabetes         | yes | no |
| • Chronic pain     | yes | no |

If yes please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_