



Tora Martial Arts

Judo

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Application for Membership		Join Date					Membership #	
Name:		Age:		Gender		Birth Date:		
Address:						Belt Rank:		
City:	Postal code:						Phone:	
Former Martial Arts Club:								
Email Address:								
Allergies:								
Other:								
Father's name (Guardian):				Phone:				
Mother's name (Guardian):				Phone:				
<p>I hereby apply for membership in TORA JUDO CLUB BARRIE. Upon acceptance, I agree to observe the TORA Judo Club rules and regulations and respect the discipline required by the instructors. I hereby forever discharge TORA MARTIAL ARTS, its instructors, officers, members, authorized guests, the City of Barrie, its employees and servants from all action, claims and demands for damages, loss or injury however arising hereafter in consequence of activity at the club. I agree that the club and its members shall not be held responsible for any loss or theft or my personal possessions while using the club premises. From time-to-time pictures are taken at the club and by signing this form I authorize the use of these photographs for promotional material, unless I explicitly forbid in writing promotional exploitation using pictures showing my image. Tora Martial Arts collects personal information: child's name, Parent or guardian name, address, phone number and health information. This information is collected to maintain records for accounting purposes and medical or personal emergencies while under Tora Martial Arts supervision. Information collected is protected under the FIPPA Part III (Freedom of Information and Protection of Privacy Act. R.S.O. 1990, Chapter F.31)</p>								
							(Signature if 18 Years or Over)	
							(Parent or Guardian)	
If Applicant is under 18 Years of Age the Signature of a Parent or Guardian is Required								
Dated:	<input style="width: 80px; height: 20px;" type="text"/>	day of	<input style="width: 280px; height: 20px;" type="text"/>					At Barrie, Ontario