



Tora Martial Arts

Judo – Karate – Aikido - BJJ

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Application for Membership		Receipt Date		Sport				Membership #	
Name:		Age:		Sex:		Birth Date:			
Address:		Weight:				Belt Rank:			
City:		Postal code:						Phone:	
Former Martial Arts Club:				Email Address:					
Doctor's Name:				Phone:					
Doctor's Address:									
In Case of Emergency Contact: (Some one other than Parent or Guardian)				Phone:					
Allergies:				Health Card #:					
Medications:									
Disabilities:									
Father's name (Guardian):		Occupation:				Phone:			
Mother's name (Guardian):		Occupation:				Phone:			
<p>I hereby apply for membership in TORA MARTIAL ARTS. Upon acceptance, I agree to observe the TORA Martial Arts 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 Brampton, 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 this 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>									
						Y	Initials	Code	Date Paid
(Signature if 18 Years or Over)						1			
						2			
(Parent or Guardian)						3			
If Applicant is under 18 Years of Age the Signature of a Parent or Guardian is Required						4			
						5			
Dated: _____ At Brampton, Ontario						6			
						7			

Schedule:

Sport	Group	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
BJJ	4 to 12			17:00 – 18:00			
BJJ	Adults 13+	20:30 – 22:00		20:30 – 22:00			
Judo	5 to 7						11:00 - 12:00
Judo	8 to 15				19:00 - 20:30		9:00 - 10:30
Judo	8 and up		*19:00 - 20:30				
Judo	Adults 16+		20:30 – 22:00		20:30 – 22:00		
Aikido	8 to 13	18:00 – 19:00		18:00 – 19:00			
Aikido	14 and up	18:00 – 19:00		18:00 – 19:00		18:00 – 19:00	
Karate	8 and up	19:00 – 20:00		19:00 – 20:00			

* Competitive class – INVITE ONLY