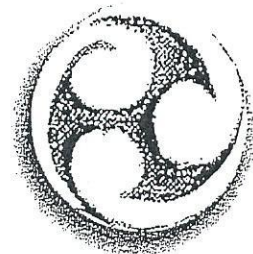


White Crane Karate



Registration and Insurance Release

Name _____ Date Of Birth _____

Address _____ Phone _____

City _____ State _____ Zip _____

Name of Parent(s) or Guardian(s) _____

Pho. _____

Any Prior Experience _____ Rank Attained _____

Dojo Name _____ Address _____

Medical Information

Family physician _____ Phone _____

Past Medical History _____

Allergies _____

Medications _____

Emergency Contact _____

Relationship to Participant _____ Phone _____

I, _____, in consideration of my participation in Martial Arts lessons, do hereby assume all risk of personal injury, including death, acting for myself, my heirs, personal parties and assigns. I do hereby release the owners and instructors of White Crane Karate, Black Sheep Grappling, Second Nature kickboxing, and all owners of the property where said lessons are given, agents, and organizations from all liability including all claims at law, which may result directly or indirectly from my participation in said martial arts lessons and or fitness programs.

Signed _____ Date _____

Gaurdain _____ Date _____

Witnessed _____ Date _____

Date Received _____
Membership Fee: \$15.00
Adult Fee: \$25.00

Would you like a membership card? Yes ___ No ___

JOSEPH H. FIRTH YOUTH CENTER
108 Anderson St, Phillipsburg, NJ 08865
908-454-7281

MEMBERSHIP APPLICATION
(Please complete all items.)

NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____ PHONE _____

SCHOOL _____ GRADE _____

FATHER'S NAME _____ ADDRESS _____

MOTHER'S NAME _____ ADDRESS _____

WITH WHOM DO YOU LIVE _____ PHONE _____

FATHER EMPLOYER _____ PHONE _____

MOTHER EMPLOYER _____ PHONE _____

PARENT'S E-MAIL: _____

OF BROTHERS _____ AGES _____ # OF SISTERS _____ AGES _____

List any disabilities, allergies, or precautions that should be made known to the Firth Youth Center

Director, _____

In case of emergency, list at least one (1) additional name and phone number:

Activity and/or team name and coach: _____

To Youth Members:

I wish to become a member of the Joseph H. Firth Youth Center. I promise to take care of the Center and its property, to obey the staff, respect its rules and to be loyal to the Center.

SIGNATURE

To the parent(s), Legal Guardian(s), or Adult members:

I hereby give my permission for _____ or agree (adult members) to become a member of the Firth Youth Center of Phillipsburg. I understand that all necessary safety precautions will be taken and that as a parent, legal guardian, or adult member I will cooperate in full with the Firth Youth Center regarding responsibility for accident or injury.

SIGNATURE

(SIGNATURES REQUIRED)

TOWN OF PHILLIPSBURG
YOUTH WAIVER/PERMISSION SLIP

I give permission for my child to participate in the _____ (sports) program sponsored by the Town of Phillipsburg and/or its youth athletic associations ("Phillipsburg"). I agree that my child will abide by all rules and regulations adopted and published by Phillipsburg relating to the operation and conduct of the program and the use of the facilities provided for the program. I understand that the failure of my child to observe these rules and regulations may result in his/her being excluded from participation in the program.

I represent that my child is physically able to participate in the program. I fully understand that his/her participation may entail the risk of physical injury. I agree to waive any claim of any kind whatsoever, whether resulting from an injury or otherwise, and further agree to release, indemnify, and hold harmless the program, Norwescap, Phillipsburg, the Town of Phillipsburg, and their respective directors, officers, officials, employees, agents and/or representatives from any and all liability occurring as a result of his/her participation in the program.

I will be personally responsible for any financial costs incurred as a result of his/her participation in the program, including, without limitation, transportation and/or medical expenses incurred as a result of any injury and/or condition. Furthermore, I understand that Phillipsburg assumes no liability for lost, misplaced, stolen, and/or damaged property, and I hereby agree to release Phillipsburg, the Town of Phillipsburg, and their respective directors, officers, officials, employees, agents and/or representatives from such liability and any and all liability.

The undersigned has read and voluntarily signed this waiver/permission slip.

Participant Name (print) _____

Date of Birth _____

Team Name _____

Parent/Guardian Name (print) _____

Signature _____