

Orange County Ki Society Participant Registration Form



Participant Information

Name: _____
Last First MI

Address: _____

City, State Zip: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Program: Adult ___ Child ___ Date of Birth: _____ Sex: Male ___ Female ___

Emergency Contact Information

Name: _____
Last First MI

Address: _____

City, State Zip: _____

Home Phone: _____ Mobile Phone: _____

Relationship: _____

Health / Medical Information

Does the above named participant have any medical condition (physical, disabilities, allergies, medication to be taken, etc.) of which we should be aware?

Yes ___ No ___ If yes, please give details on back of this form.

Article Of Release From Liability And Assumption Of Risks

1) I, _____, certify that I am in good health and have no physical defects which would endanger my health in participation and practice of Shinshin Toitsu Aikido and/or Ki training.

2) I hereby release and discharge the Orange County Ki Society and its instructors from any liability whatever, resulting from or in any manner arising out of any injury or damage which may be sustained to me or my property on account of my participation and/or transportation connected therewith, in said activity.

3) I represent and covenant that at the time of signing this release and application, I am legally competent to execute it and that before signing it, I have fully informed myself of its contents and execute it with full knowledge thereof.

Signed: _____
(Parent, Guardian or Participant)

Date: _____