AIKARA

CABC FITNESS-IN-CHRIST OUTREACH PROGRAM

MEMBERSHIP APPLICATION

(Please Print in Block Letters)

NAME:					
MAILING ADDRESS:	(FIRST)	(MIDDLE)	(LAST)		
MAILING ADDICESS.	(Street N0. & Name)		(Apartment N0.)	(Apartment No.)	
	(City)	(Province)	(Post	al Code)	
TELEPHONE:					
	Home	Mo	obile	Other N0.	
DATE OF BIRTH:		E-MAIL ADDRESS:			
	D/M/Y				
EMERGENCY CONTAC	Т				
NAME		RELATIONSHIP		TEL	
HAVE YOU EVER STU	JDIED MARTIAL	ARTS BEFORE?yes	no	HOW LONG	
WHERE		WHAT STYLE			
RANK / BELT		REASON FOR STOPPING	·		
FITNESS TO PARTICIPATE IN MART	N IN THIS SECTION WILL I	BE TREATED AS STRICTLY CONFIDENTIAL A H THE AIKARA/CABC FITNESS-IN-CHRIST AN	TD IN CASE OF EMERGENCY.)		
Are you allergic to any i	medications or dr	ugs? If so, please explain:			
		ons that an emergency medica ntact lenses, etc.)? If so, please			
		ons that may affect you or you ase explain:			
* *	*****	*****	* * * * * * * * * * * * * *	****	

I undertake to comply with the etiquette of the DOJO (AIKARA / CABC FITNESS-IN-CHRIST) and will not do anything to bring the practice and training of AIKARA (Martial Arts) and also the SPIRITUAL learning (Biblical Principles) into disrepute.

I understand that my promotion to KYU RANKS (white, yellow, orange, green, blue, purple, brown belts) and to DAN RANKS (black belts) is entirely at my teacher's discretion, and that being recommended to test for such promotion is contingent on my teacher's assessment of my regular practice, the frequency of my class attendance, my general progress, my mental attitude and my spiritual development. Finally, I will not under any circumstances make illicit or impermissible use of the abilities and techniques that I acquire in the process of studying AIKARA / CABC FITNESS-IN-CHRIST.

AGREEMENT, ASSUMPTION OF RISKS, AND WAIVER OF LIABILITY

In consideration of membership with or permission to participate in the training program and/or related activities of AIKARA / CABC (Christ Almighty Baptist Church) FITNESS-IN-CHRIST Outreach Program.

- 1. I warrant that I am physically and medically able to engage in a normal routine of exercise.
- 2. I acknowledge that AIKARA and its INSTRUCTORS carry no insurance for liability of injury of any of its participants in the training program of AIKARA.
- 3. I acknowledge that I have been advised not to attempt any skill level in the training program of which I am not fully capable. I further acknowledge that I am in the learning stage in Martial Arts involving strenuous physical exercises and personal body contact and thus have inherent risks involved that can result in musculoskeletal injury and/or death.
- 4. I fully accept and assume responsibility for my own safety and all the risks of personal injury, death, property damage or loss resulting from my participation in all activities organized by AIKARA and do hereby hold AIKARA, its instructors, representatives, staff, the Ministry, the Committee, the Board of Deacons or, the Board of Trustees where AIKARA operates under, harmless from any and all liabilities due to liabilities suffered by me or caused by third parties to me arising or inflicted out of the activities, or variation thereof, whether occurring in the premises of CABC Gym (Dojo) or elsewhere.
- 5. AIKARA does not exclude individuals with medical conditions that do not expose a medically recognized threat to the health or safety of other students in the normal course of training. I understand that there are some unavoidable circumstances where these conditions may require special caution on my part to minimize danger to myself or others, and I acknowledge that it is my responsibility to act accordingly.
- 6. I understand that AIKARA training is an educational program both spiritual (based on Biblical principles) and physical (based on AIKARA Self Defense principles). Therefore, for safety of myself and other participants, I will practice in a considerate and conscientious manner and strictly follow the rules of the AIKARA dojo. Should I break any of these, I understand that it is the decision of the head instructor whether or not I may continue training. I will abide by the decision.
- 7. I agree that I WILL NEITHER SUE NOR MAKE FALSE ALLEGATIONS AGAINST the released parties described in this agreement as the result of my participation in the training and activities or at any other location where the training takes place.
- 8. I agree to INDEMNIFY AND HOLD HARMLESS THE REALEASED PARTIES described in this agreement from all claims, judgements and costs, including lawyer's fees incurred in any connection with any action activity at the training.
- 9. In signing this agreement, I am stating that I know and am fully aware of what I am doing, that I take responsibility for my own acts, that I read carefully and understood this agreement and that I fully agree with each statement contained herein. I am aware that I may have this agreement reviewed by legal counsel.

NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE (D/M/YYYY)
IF APP	LICANT IS A MINOR AT TIME OF APPLICATI	ON
NAME OF PARENT / GUARDIAN	SIGNATURE OF PARENT/GURDIAN	PHONE NUMBER
ADDRESS OF PARENT/GUARDIAN		
* * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	* * * *
FO	R ADMINISTRATION USE ONLY	
n Date:	Starting Date:	

Payment is either by Cheque or cash only. Please make **cheques payable** to **CHRIST ALMIGHTY BAPTIST CHURCH** and write **AIKARA Camp** in the space for Memo. You may also submit your Cash payment, along with your completed and signed Registration form to Pinky Ferranco, CABC's Finance/Administrative Assistant at the church office of the address given below.

Instructor

AIKARA, also known as CABC FITNESS-IN-CHRIST is an outreach program under the Evangelism and Outreach Ministry of Christ Almighty Baptist Church (CABC). As a tool for evangelism and discipleship, AIKARA, in its practice and instructions, uses a combination of two Japanese Martial art disciplines, namely Traditional AIKIDO and SHOTOKAN KARATE for its physical training, and BIBLICAL PRINCIPLES for its SPIRITUAL aspect.

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