



### Club Registration

Send with payment via email or mail

#### CLUB INFORMATION

Club name: \_\_\_\_\_ Province: \_\_\_\_\_ Renewal  New  *Office use only Code: \_\_\_\_\_*

Club owner: \_\_\_\_\_ Club phone: \_\_\_\_\_ Owner phone: \_\_\_\_\_

Email address for club mail: \_\_\_\_\_

Mailing address for club mail: STREET \_\_\_\_\_ CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

Physical address of club: STREET \_\_\_\_\_ CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

#### ADDITIONAL CONTACT PEOPLE (OTHER THAN OWNER)

Person 1 First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Role: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. phone: \_\_\_\_\_

Person 2 First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Role: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. phone: \_\_\_\_\_

#### NUMBER OF CLUB MEMBERS

Competitive jr. (under 15) # \_\_\_\_\_ Competitive veteran (40+) # \_\_\_\_\_ CASK-certified coaches # \_\_\_\_\_

Competitive inter. (16-18) # \_\_\_\_\_ Total competitive members # \_\_\_\_\_ Non-CASK certified coaches # \_\_\_\_\_

Competitive sr. (19-39) # \_\_\_\_\_ Total recreational members # \_\_\_\_\_ CASK-certified officials # \_\_\_\_\_

#### PAYMENT \$650

Cheque/money order payable to CASK  Credit card Cardholder: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp date: \_\_\_\_\_

#### RELEASE AND WAIVER

In consideration of membership and permission to become involved in amateur kickboxing granted me by the Council of Amateur Sport Kickboxing Inc., and its affiliated Provincial/Territorial sport-governing bodies, I hereby release and discharge the Council of Amateur Sport Kickboxing Inc., its affiliated Provincials/Territorial Sport-Governing bodies, clubs, coaches, officials, members, agents, officers, and employees from all claims actions, judgments and executions which the undersigned's heirs, executors, administrators, or assigns may have, or claim to have, for all personal injuries, known or unknown and injuries to property, real or personal, caused by, or arising out of, the participation in the sports activity of amateur kickboxing. I, the undersigned understand that all styles of amateur kickboxing and Thai boxing are contact sports and thus have inherent risks involved that can result in injury and/or death. I am fully aware of these risks, but waiver rights, claims, cause of action etc., as heretofore, and do hereby assume the risk completely. I, the undersigned understand that the products and services provided to my club/school/gym by the Council of Amateur Sport Kickboxing Inc., are meant for promotional purposes only and are not intended for general application for all individual members of my club/school/gym, and it is solely my responsibility to administer such products and services to those individuals that I have deemed appropriately prepared for engagement in such programs and services. I also have read and understand the 'Club Membership Criteria,' and agree to fulfill the listed requirements. I also allow the Council of Amateur Sport Kickboxing Inc. to release information on my club for membership purposes including, internal and external communications, required information by the organization's insurance company, for legal requirements, and for any disciplinary actions. I also agree to read and understand the Club Manual, Policy Manual, Rules and Regulations document and all Council of Amateur Sport Kickboxing documents. I also understand and agree that any violation of any Council of Amateur Sport Kickboxing policy or rule by any member of my club/school including by not limited to, an athlete, coach, instructor or recreational member, will result in the suspension or expulsion of my club from the Council of Amateur Sport Kickboxing. I also understand that if my Club membership expires due to me not-renewing, that it is my sole responsibility to inform all of my individual members that they are no longer members of the Council of Amateur Kickboxing, and further their individual insurance coverage is terminated as of the date of my membership expiry. I, the undersigned, have read this Release / Waiver and understand all of the terms and conditions, I execute it voluntarily and with full knowledge of its significances.

Signed: dd \_\_\_\_\_ / mm \_\_\_\_\_ / yy \_\_\_\_\_ at (city) \_\_\_\_\_, Canada

Owner name (print) \_\_\_\_\_ Owner Signature \_\_\_\_\_ Witness Name (print) \_\_\_\_\_ Witness Signature \_\_\_\_\_



International Federation

#### BUREAU NATIONAL / NATIONAL OFFICE

5008 South Service Road, Burlington, Ontario, CANADA, L7L 5Y7  
Phone: 905-681-9815 - Email: [nhq@kickboxingcanada.org](mailto:nhq@kickboxingcanada.org)



National Sporting Organization