



Individual Registration

Club owner mails original form with payment to CASK

MEMBER INFORMATION

Club:		Renewal <input type="checkbox"/>	New member <input type="checkbox"/>	Change Rec>Comp <input type="checkbox"/>
First name:	Last name:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Street address:		Unit#	Are you under 18? No <input type="checkbox"/> Yes <input type="checkbox"/>	
City:	Province:	Phone:	Email:	

MEMBERSHIP TYPE check all that apply

<input type="checkbox"/> Club owner
<input type="checkbox"/> Recreational member (non-sparring)
<input type="checkbox"/> Competitive member (sparring and/or competing) <i>To compete, you must also submit a CASK Medical.</i>
<input type="checkbox"/> Official Have you taken the CASK Official's Course? No <input type="checkbox"/> Yes <input type="checkbox"/> year:
<input type="checkbox"/> Coach Have you taken the Level 1 CASK Coaching Course? No <input type="checkbox"/> Yes <input type="checkbox"/> year:
Have you submitted your police check? No <input type="checkbox"/> Yes, attached <input type="checkbox"/> Yes, within last 3 years <input type="checkbox"/>
Have you submitted your first aid? No <input type="checkbox"/> Yes, attached <input type="checkbox"/> Yes, within last 3 years <input type="checkbox"/>

PAYMENT

Owner / Official / Coach <input type="checkbox"/> \$75	Cheque / money order payable to CASK <input type="checkbox"/>
Recreational member <input type="checkbox"/> \$15	Credit card <input type="checkbox"/> Cardholder:
Competitive member <input type="checkbox"/> \$75*	Card #: Exp. date:

**If competing, additional \$25 fee for passport/sticker to be submitted with CASK Medical*

ACKNOWLEDGEMENT OF MEMBERSHIP REQUIREMENTS

I, the undersigned, acknowledge that my membership requires that I understand and adhere to the rules, regulations and policies of the Council of Amateur Sport Kickboxing. Failure to do so will result in my removal from specific activities and/or from membership. I give permission for any image or video of myself, taken by officers/staff/volunteers of the Council of Amateur Sport Kickboxing at approved events, to be used for promotions and publications of the organization in accordance with the Council of Amateur Sport Kickboxing's Privacy Policy. I understand that CASK coverage is valid at CASK member clubs only. Activities performed at non-CASK member clubs are not eligible for CASK coverage.

ACKNOWLEDGEMENT OF RISKS

I, the undersigned, acknowledge and recognize the following aspects as relates to my participation in any and all events related to the activities of the Council of Amateur Sport Kickboxing; I am familiar with and accept that there is always the risk of serious injury and death resulting from participation in any organized recreational activity, including the demonstrations, competitions and like activities offered as part of the program of the Council of Amateur Sport Kickboxing; I understand that all applicable rules of safety regarding my participation must be followed; I will immediately remove myself from participation, and notify the nearest official if at any time I sense or observe any unusual hazard or unsafe condition or if I experience any problems in my physical, emotional or mental fitness, or that of my equipment.

Parent/Guardian Name (print)	Member Name (print)	Date: dd / mm/ yy
Parent/Guardian Signature	Member Signature	Signed at: city / province

CLUB OWNER SIGN OFF

I hereby attest that this person a member of my club and my club is his/her primary location for training and/or coaching. I have informed this person that CASK coverage is valid at CASK member clubs only and is null and void at non-CASK member clubs. I have informed this person that if he/she participates in any activities, including sparring, at a non-CASK club, those activities have no insurance coverage whatsoever through CASK and may jeopardize his/her individual CASK membership.

Club Owner Name (print)	Club Owner Signature	Date: dd / mm/ yy
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